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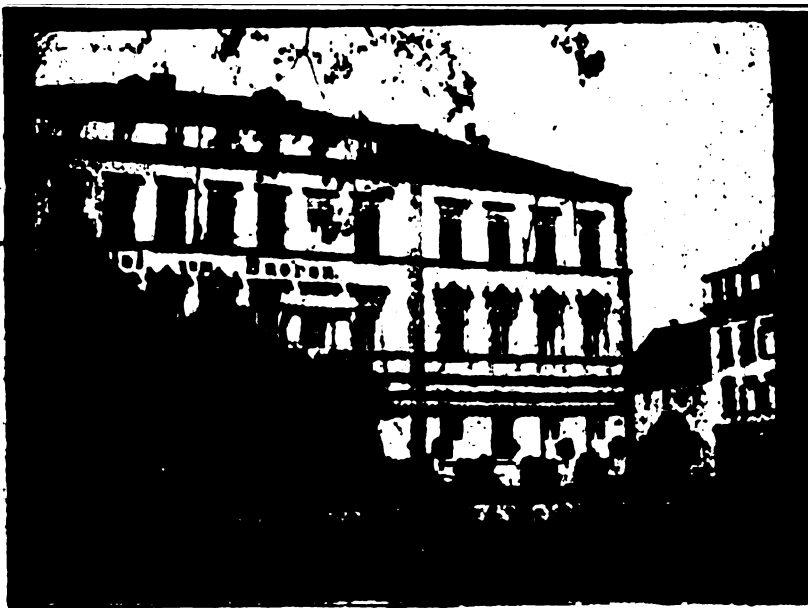
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I



*The Medico-pharmaceutical
critic and guide*

II

BOSTON
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The Medico-Pharmaceutical CRITIC AND GUIDE

A Journal of Individuality. No Policy Except the
Policy of Truth, Honesty and Fairness. Every
Reader Has an Equal Opportunity With
the Editor to Express His Opinion.
All Frauds and Humbugs Fear-
lessly Exposed.

WILLIAM J. ROBINSON, PH.G., M. D.
EDITOR AND FOUNDER.

VOLUME FIFTEEN
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Praised by Some, Blamed by Others, Disdaining the Fools,
Braving the Wicked, I Hasten to Laugh at Everything . . .
for Fear of Being Obligated to Weep.

THE MEDICO-PHARMACEUTICAL

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH. G., M. D., EDITOR.

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The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

The Editor is responsible for his own opinions only. He always tells the Truth or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth
Than never to tell the truth for fear of making a mistake.

Vol. XV.

NEW YORK, JANUARY, 1912.

No. 1.

EDITORIALS AND EDITORIALETTES

THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION,
CONTRIBUTORS TO MEDICAL JOURNALS,
ETHICAL PROPRIETARIES, NOSTRUMS
AND OTHER THINGS.

It is with a feeling of extreme reluctance, and with a full sense of realization of the thanklessness of the task, that we are penning this editorial. It is a very long time since we had anything to say in criticism of the management of the American Medical Association or of The Journal. Not that there was nothing to criticize; not that we agreed with everything going on at the Association's headquarters; not that we agreed fully with the methods and policies of the J. A. M. A. No, that wasn't it. The reason is a different one. The Association has lately been doing such splendid work, both for the medical profession and the public, the journal as a whole is so excellent, that it seems justifiable or even commendable to overlook certain shortcomings, and not be hypercritical as to certain errors in tactics. Particularly is this the case when we take into consideration that the enemies of the American Medical Association—the League for Medical Freedom, the fraudulent nostrum manufacturers, the quacks, the irregular sectarians, like the fake chiropractors, naturopaths, naprapaths, the Christian Scientists, etc., etc—are an altogether contemptible lot; and to criticize the Association would on certain occasions almost be equivalent to giving comfort to the enemy.

But complete stifling of all criticism is also an evil and may have very dangerous consequences. An active and ambitious public man who is always praised and never criticized is apt to begin to consider himself infallible; he becomes reckless in his

language, overbearing in his manner, and in his controversies or warfare he is apt to use the methods of the bully. What is true of a person is true of a group of persons, is true of any movement, any political party. And when such tendencies are being perceived, it becomes the duty of those who are not subject to hysteria, who can think clearly and feel rightly, to do all in their power to check them.

In a recent issue of the Journal of the American Medical Association (December 16) there appeared two notable articles. One is an editorial entitled *Cui Bono?*, the other is a special article in the Propaganda for Reform Department, and has the caption: Medical Journals and the Great American Fraud. Both articles are devoted to an attack on those members of the medical profession who contribute papers to medical journals which carry advertisements not approved by the Journal of the American Medical Association.

Let us state right here that with the principle of the thing we are in full sympathy. High class men should not lend their prestige to journals of low character, to journals without any ideals, journals that sell their pages for write-ups and carry fraudulent advertisements.

And we might as well state here that it was we who first brought up this question for public discussion. Nearly ten years ago, namely in September, 1902, we wrote a letter entitled "Lending Prestige to Low Journals for a High Consideration," in which we criticized some of our foremost physicians and surgeons for contributing papers to the Medical Brief. We sent this letter—guess to whom? We sent it to one Dr. Geo. H. Simmons, who was then as he is now the editor of a journal called the Journal of the American Medical Association. Dr. Simmons returned the letter with an apologetic note. He could not print the letter. Whether it was because he was afraid of offending the Medical Brief, or the contributors to the Medical Brief, or because the Journal itself carried at that time a lot of worthless and fraudulent ads. we do not know. But the fact remains that at that time Dr. Simmons refused to print our letter. We sent it to American Medicine, which was then edited by Gould, and it was published there, after a little toning down (American Medicine, December 6, 1902). Here is the letter:

There is a certain journal published in the West whose sole reason for existence seems to be to advertise the products of a certain manufacturing company, in which the editor is a large stockholder. To my knowledge it is the only journal which systematically prostitutes its editorial pages for the purpose of booming a few patent nostrums. The editorials which are not taken up with lauding the virtues of various patent medicines (seng, chionia, etc.) are devoted to fighting and ridiculing everything that is good and noble in medicine. The journal fights all medical laws for the restriction of quacks, it fights higher educational requirements, it opposes vaccination, it ridicules and reviles such men as Virchow, Koch and Lister, etc. When one considers the attitude of the medical profes-

sion as a whole towards such a publication, it is surprising that reputable men could be induced to contribute to its columns; and yet among the original articles in a recent issue of that journal I noticed two written by two prominent New York physicians—one a well known surgeon, the other a well known gynecologist. The articles in themselves do not amount to much, but it is not for intrinsic value that such a journal cares; all it wants is the prestige of the authors' names. One wonders what unfortuitous circumstance ever induced these physicians to lend their aid towards increasing the influence of such a publication. It seems to me that we should be as careful in the selection of our publication media as in the selection of people with whom we associate. Altho much less prominent than either of the gentlemen referred to, I would no more think of contributing one of my articles to the journal in question than I would of bestowing my friendship on bunco-steerers and dive-keepers.

Ten years ago our language was a little harsher than it is now, but in speaking of the Medical Brief of that period one was justified in using any language. For that journal was the worst representative of venal, commercial journalism, and was published primarily as an advertising sheet.

And in the CRITIC AND GUIDE for September, 1903, we had an editorial on this very subject, which made the editors of the Medical Brief and the New England Medical Monthly mad with fury; they swore vengeance, threatened with libel suits—but of course did nothing.

But to continue. As we said before, we are in sympathy with the principle of the thing, and the J. A. M. A. has a right to condemn certain journals and the contributors to such journals. But it should be careful in its language, it should be discriminating in its attack. The J. A. M. A. is a giant in influence, and just because it is a giant, it should use its giant strength cautiously, justly and fairly. A gratuitous sneering remark, an unjust equivocal innuendo which may be overlooked in a small journal becomes a crime if made by a journal of the influence of the J. A. M. A.

In the article, "Medical Journals and the Great American Fraud," the J. A. M. A. attacks the American Journal of Surgery and holds up to scorn its contributors because that journal carries certain advertisements which it, the J. A. M. A., does not approve of. It says: "The point is that page after page is given over to the exploitation of *the worst kind of nostrums*." It then gives a list of some of those "nostrums" and continues: "As will be noticed, *many* of the above are *frauds* that have been exposed in the Journal."

We will leave aside the unfairness of the statement, "many of these are frauds", without specifying which ones, thus leaving the reader in uncertainty and doing an injustice to some good products. Let us examine some of "the worst kind of nostrums". What is a nostrum? A nostrum is a remedy the composition of which is kept secret. According to this definition, hardly one of the products enumerated in the list belongs in the category of nostrums. Because the composition of practically every one

of them is known. For instance: Why is Resinol a nostrum? Why is colchi-sal a nostrum? Why is a solution of colchicine and cannabine in methyl salicylate a nostrum? Why is gonosan, which is a well known combination of kava-kava and santal oil, a nostrum? Why are the above two products which are advertised to the medical profession only, and the composition of which is perfectly well known, nostrums? We really want to know, and we hope that the Journal, if it is honest enough and brave enough to answer criticisms, will enlighten us. Even Scott's Emulsion, tho advertised to the laity, is not a nostrum, for its composition is well known. It is simply a well made emulsion of codliver oil with hypophosphites. And why is hydrozone—merely a trade name for a concentrated solution of hydrogen dioxide—a nostrum? And why is McArthur's or Fellows' syrup of hypophosphites a nostrum? And why are Hayden's viburnum compound, Gray's glycerine tonic, or listerine or glycothymoline nostrums? Are elegant pharmaceutical preparations to be dubbed nostrums, without any reason? And why is pepto-mangan a nostrum? Why is a pleasant stable solution of peptonate of iron and manganese, the composition of which is perfectly well known both qualitatively and quantitatively, a nostrum? And why is antiphlogistine a nostrum? Isn't its composition as a glycerin-kaolin paste well known? And if antiphlogistine is a nostrum, why is not antithermoline, which is but an inferior plagiaristic imitation of antiphlogistine, a nostrum? And if antithermoline is a nostrum, why did the Council approve of it? And why did the J. A. M. A. advertise it? (This fake imitation has been *disapproved* recently by the Council but is still retained in the Appendix). And why is unguentine, a good pharmaceutical ointment, a nostrum?

And if the above preparations are nostrums, why is it that the Pharmacopeia and the National Formulary are so anxious to include in their pages formulas imitative of those "worst kind of nostrums?" What is unguentum resorcini compositum but an imitation of resinol? And what is syrupus hypophosphitum compositus but an imitation of Fellows' syrup? And what is elixir gentianae glycerinatum but a poor imitation of Gray's glycerine tonic? And what are liquor antisepticus and liquor antisepticus alkolinus but imitations of listerine and glycothymoline? And what is pasta kaolini but a miserable imitation of antiphlogistine? And what is liquor ferri peptonati cum mangano but an admittedly nasty, ill-smelling, abortive imitation of pepto-mangan? (So nasty is this imitation that not a month passes but the pharmaceutical journals contain "improved" formulas for preparing it.) We should like to have these questions answered. And if the proprietors of these preparations are guilty of manufacturing nostrums, and if journals advertising those preparations are nostrum-promoting publications, what shall we say of the publication committees of the Pharmacopeia and the National Formulary and of the books themselves? Aren't the latter real nostrum-pro-

moting publications, because they contain the formulas of the nostrums in their text-pages? We should like to have these questions answered.

No, it isn't fair. It isn't honest. If the Journal had stated that those preparations did not comply with the arbitrary rules of the Council and that therefore they were, *according to the Council's standard, unethical*, it would have been perfectly within its rights. But there is a very wide gulf between a preparation unethical according to some arbitrary standard and a "nostrum of the worst kind" or a fraud. A very wide difference, and an editor who is really anxious to be fair and honest, should bear that difference in mind.

Isn't it true that seventy-five per cent. of the preparations enumerated in the list would be warmly welcomed into the pages of the J. A. M. A. if only the circulars were removed from around the bottles or the wording on the labels changed? But is a circular or label giving the dose and the therapeutic indications of a remedy sufficient to change an otherwise perfectly ethical (i. e. truthful in its claims as to composition) preparation into a nostrum and fraud? No, it isn't fair; it isn't honest.

The article states: "All of them (the preparations) could be rejected and the physician's armamentarium be none the poorer—in fact the public would be a distinct gainer." This is pure tommyrot. Couldn't the same thing be said of two-thirds, nay three fourths of all the articles in the Pharmacopeia and the National Formulary? Doesn't the Pharmacopeia at each revision kick out from its pages two or three hundred preparations, which means that those preparations have been shown to be useless? And again the same question: If all those preparations could be rejected without any loss to anybody, why do the Pharmacopeia and National Formulary try to imitate them? Answer! We venture to say that should half of the preparations included in the sanctified New and Non-Official Remedies disappear over night from the face of the earth mankind would somehow or other jog along, convalescence from various diseases would not be very perceptibly retarded and the mortality rate would be only slightly raised.

The above mentioned two articles in the J. A. M. A. of December 16 have another significance. The Journal not only scolds the physicians who contribute to journals carrying unethical ads, but it would anathematize and ostracize all physicians using any product not approved by the Council or subscribing for journals which carry ads of such products. This is going just a bit too far. For the ignorant physician, for him who belongs to the rabble and can do no thinking or observing of his own, for him who takes all his knowledge and his thoughts readymade, the Council is a good thing. But to expect high class physicians, who read the best medical journals, American and foreign, to submit without criticism to one central authority, to take their cue as to every product which they should or should not use, from

a self-constituted body, a body which is doing excellent work, but which is far from infallible and which has made quite a few mistakes and will probably continue to make them, is expecting too much. There would be some sense in such a demand if the rejection of articles by the Council was limited to preparations *fraudulent* in their character (fraudulent as to preparation, country of origin, etc.) or therapeutically worthless. But we must bear in mind that this is not the case. Articles about whose composition and therapeutic value there is not the slightest question are often rejected merely because the name is blown in the bottle, or there is a circular around it, or the name is fanciful. And this we repeat does not render a preparation a nostrum, a fraud, or therapeutically valueless.

Let us take a few examples, and let us see if unthinking, non-critical submission to the Council's decisions would be a good thing for medicine, or whether it would not really tend to the creation of an irresponsible therapeutic hierarchy. Digalen has been known favorably for several years, and has been endorsed by European authorities of unquestionable ability and integrity. For some petty reason or other, the Council refused to approve it for two or three years, having done so only very recently. Should we have refused to use it all those years? If it is a "good" preparation now why was it not good last year. Was its action on the heart different then from what it is now? Absurd!

Here is an example of a diametrically opposite character. There is a fake preparation, Trypsogen, advertised as a cure for diabetes. We have always considered it a fake and said so publicly at one of the meetings of the section of Pharmacology and Therapeutics. Our remarks were published in the J. A. M. A. The Council, however, considered it proper—for some occult reasons, reasons which it would be interesting to make public—to approve of that preparation, and it appears as an approved remedy in the New and Non-Official Remedies, editions of 1909 and 1910. Later the Council agreed with us that the preparation was an unworthy one, the approval was withdrawn, and the preparation, we are glad to say, does not appear in the edition of 1911. It has been kicked out. Isn't this instance, sufficient proof that the Council, *which generally delegates its work to subordinates*, is capable of making mistakes in either direction—of disapproving where it should approve, and of approving where it should condemn? And isn't a physician who *knows* that he knows better justified in following his own judgment?

And how about arsenobenzol or salvarsan? Should we have disregarded Ehrlich's reports and the reports of hundreds of other physicians and refused to use it until it received the official approbation of the Council? A nice condition of affairs that would be! And therefore again we say: absurd!

There is a good deal more that we could say, but this editorial is already four or five times as long as we thought it would be. The J. A. M. A. threatens to have "something more

to say on this subject in succeeding issues." So may we. But now we must stop. We must present, however, a few points of emphasis.

1. There is a very great difference between a nostrum, i. e. a preparation the composition of which is kept secret, or an out-and-out fraud, and a preparation the composition of which is well known, which is advertised to the medical profession only, but which does not comply in some minor details with the rules of the body known as the Council of Pharmacy and Chemistry.

2. It is not fair, and in the case of a journal of such influence as the J. A. M. A. it is criminal, to bunch all such preparations together under the rubric of nostrums of the worst kind or frauds. It is not fair to the manufacturers, which is of little importance; but it is also unfair to the physicians who prescribe the good preparations and to the journals which carry the advertisements of such preparations.

3. The Council is doing excellent work, has already accomplished much, and we should all encourage it and uphold it. But this does *not* mean that we should absolutely surrender our own judgment, it does *not* mean that we should bow to it as to a body of supreme pontiffs endowed with omniscience and infallibility or tremble before it as before the holy inquisitors. Let us remember that the members of the Council are only slightly superhuman; in fact they are almost human, and not very much superior to you or us; nor is it *lèse majesté* to say that they are fallible; that they have made mistakes in both directions—that of too much severity and too great laxity, mistakes which they had to acknowledge; and as they have made mistakes in the past they are apt to commit errors in the future.

4. There is a great difference between the journal which sells its *reading* pages to write-ups and boosts of proprietary remedies, and one which limits its "unethicalness" to its advertising pages exclusively. A write-up under the guise of an unbiased original article exerts a much greater influence than an advertisement, which is considerably discounted.

5. The work of the Council and the Journal should be strictly *educational*. If physicians and editors and publishers do not wish to profit by the knowledge scattered before them, it is their affair. Threats, anathemas, and big sticks are out of date. By irritating those against whom they are directed they minimize or nullify the good work done by the educational propaganda. You cannot make people good by force.

6. There is nothing unethical in putting up, in prescribing or advertising an elegant proprietary preparation, even if it does not present any remarkable originality, provided its composition is known.

And now, in order to prevent if possible the imbecile from thinking, and the slanderous tongues from asserting, that I am antagonistic to the Journal of the American Medical Association, or that I am unappreciative of its splendid qualities, let me

conclude with a quotation from my address, read at the last meeting of the American Medical Editors' Association in Los Angeles, entitled, "The Future of American Medical Journalism—An Optimistic Outlook (CRITIC AND GUIDE, September, 1911, p. 334). We discussed in that address the independent and the official medical journals, and this is what we said about the J. A. M. A.:

"The Journal of the American Medical Association is now a journal of which we may all be proud; it is not only the biggest all-around weekly medical journal in the world, it is also the best. Not only are the purely medical questions discussed in an authoritative, reliable way, but the questions of the day are treated in a bright, breezy and liberal manner."

Does this look like antagonism?

DIVISION OF FEES.

We gladly give space in this issue to Dr. L. Jacobi's contribution on the division of fees, for we like to hear the other side, particularly when that side is presented by a man of Dr. L. Jacobi's unquestioned high-mindedness and intelligence. But we have no hesitation in stating that we are unequivocally opposed to any fee division. The principle is a bad one and cannot be condemned too severely. Say what you will, there is such a thing as unconscious bias, and from its influence men of great integrity and strength of character can remain free with but the greatest difficulty.

We agree that the claim, that on account of the division of fees, the patient has to pay a higher price for the operation or consultation, is a false one. It is not based on facts. The opposite is often true. That is, a "non-dividing" surgeon often and generally charges higher fees than the dividing one. A who does not divide his fee charges 1000 dollars for an operation, while B, who gives 50 per cent commission to the general practitioner, charges only 500 dollars for the same operation, being thus satisfied with 250 dollars fee where A demands 1000. We repeat, therefore, we do not believe that on account of the surgeon's dividing his fee with the family physician, the patient has to pay any more than he has to pay otherwise. But this is not our chief point. Our chief objection is that under a system of fee-division the doctor will deliberately or subconsciously send his patient to the surgeon who gives the biggest commission. It is not necessary to believe that a doctor would send his patient to a surgeon who is utterly incompetent. We will also grant that in the case of a very serious operation, where it is a matter of the patient's life and death, the doctor will advise the best surgeon in his opinion, regardless of whether the latter gives or does not give commission. But speaking of ordinary operations and assuming that surgeon C is 75 per cent good but is opposed to fee division and surgeon D is only 50 per cent good but pays a high commission, can there be any

doubt that the doctor will send his patient to D instead of to C? And this is certainly bad, for the patient has a right to the very best. When it comes to surgery, or to any specialty, "fairly good" is very bad. "Lead us not into temptation" is based on a great psychological verity. We do not go into any spasms of virtue and assume no sanctimonious attitude when discussing this question, because we understand the underlying causes of this evil, and *tout comprendre, c'est tout pardonner*. To understand all is to forgive all. (We blame nobody, therefore have nothing to forgive). But because we understand the real causes of an evil, does not mean that we must not fight that evil. Quackery in all its forms has very well defined causes; that does not mean that we are not to fight it with all our might.

Of course the best way to fight an evil is to remove its causes. Punitive measures have been applied by mankind for many thousands of years and have proved a failure. You cannot make people good by threats: you can only make them more secretive, more cunning, more hypocritical. The real cause of the evil is the underpaid condition of the general practitioner and the great, we might say, ridiculous disproportion between his remuneration and the fee the surgeon gets. To take a common everyday case that a physician brought to our notice to-day. He paid 9 visits to a woman, for which he was paid a dollar a visit. He decided an operation was necessary. The surgeon got 200 dollars all in a lump. He, the doctor made 15 visits after the operation, for which, as they required changes of dressings, etc. he charged two dollars each. Total, 30 dollars. But six months have passed, and he hasn't got his money yet. For the surgeon's fee and other incidentals exhausted the family's resources, and when he will get his money, if at all, Allah only knows. So he made 24 visits for 9 dollars. Such cases are of very common occurrence. It does not seem fair to the general practitioner.

Of course for surgeons and consultants who make between twenty-five and a hundred thousand dollars a year, it is easy to assume an attitude of virtuous indignation. They have forgotten the time when they had difficulty in paying their month's rent. But it is good to be able to put yourself once in a while in somebody else's position.

In conclusion: Let us criticise and attack the division of fees as a business *likely* to prove injurious to the patient, and demoralizing to the medical profession. But let us not in our virtuous indignation overstep the mark and stigmatize those who engage in the practice as irredeemable criminals. For that they are not. They may be, but not necessarily so.

ADVERTISING AGENCIES.

In our editorial on Division of Fees, we stated that under such a system the doctor will deliberately or unconsciously send his patient to the surgeon who pays the biggest commission.

We have an excellent illustration of this in the various advertising agencies. Some of these agencies—we speak only of the medical agencies, because they are the only ones we are familiar with—have no consideration whatever for their patron's interest, but place the advertising with those medical journals which pay them the highest commissions. It makes no difference how utterly worthless from every point of view the journal may be. There are journals, which pay those agencies as much as 40, 50 and even 75 per cent commission! No wonder, the agencies give them their business.

No, all business which involves division of fees, secret rake offs, etc. is bad, demoralizing, often dishonest business. It should be discouraged.

PARTISANSHIP IN CONTROVERSIES.

There are certain things which, *during certain periods*, it is best to leave alone, to be silent about. For mankind is a vast mob, a huge rabble. Its emotions and partisanship are always more in evidence than its reasoning powers, its judicial spirit or desire for real fair play. And unfortunately the mob spirit is just as dominant among the cultured and professional classes as it is among the lowest strata of society. Like the sansculottes and the religious fanatics of the middle ages, we are still ready to rend asunder anybody who dares to disagree with the opinions promulgated at the time by the leaders and the powers that be. We no longer imprison, torture, burn or decapitate the dissenter. We have other weapons. We have the slanderous tongue, we have the poisoned pen, we have the blackball, we have social ostracism. A man who thinks independently, analytically, and insists upon making the results of his thinking known to the world, is a marked figure. He is stabbed in the back, by underhand methods rumors are spread that he has certain reasons for writing the way he does, his motives are impugned, and everything is done to minimize his achievements, to neutralize his efforts.

The sodium benzoate controversy is a good illustration of what we have just said. How many people are there who are really interested in learning the truth? On the one hand we have the selfishly interested manufacturers, who are filling the editors' desks and then the wastebaskets with silly attacks on Wiley, attacks which are utterly irrelevant to the discussion. On the other hand we have the partisans of Wiley, who instantly jump at anybody who dares to question the reliability of Wiley's poison squad experiments, and to suggest that sodium benzoate in small doses is not injurious. They are ready to accuse anybody who has a good word to say for sodium benzoate of being in

the employ of or of being paid by the "adulterators" and the "poisoned food" manufacturers. Only very recently I heard a physician, who is intellectually an imbecile, but a good man at heart (the good imbeciles are the most pernicious and the greatest obstacles to real progress) make the assertion that Graham Lusk, Professor of Physiology at Cornell (who had a letter in the Medical Record of December 9th, in favor of sodium benzoate) probably got a few hundred dollars from the canned goods manufacturers for his article. We told the good doctor that he was an idiot, that Lusk was an independently rich man and, what's more important, a man of the highest integrity and character and of the highest standing in the scientific world. He then apologized. But that's the way imbecile slanders are generated and spread.

And not only ignorant layman and doctors are guilty of this blind partisanship. The Journal of the American Medical Association which has been doing splendid work lately in fighting quackery, has in the sodium benzoate controversy shown an impatience, a bias, which outsiders cannot understand. In an editorial which appeared in the issue of November 4th, it becomes actually guilty of garbling, as is clearly pointed out by Prof. Lafayette B. Mendel in a communication to the J. A. M. A. (December 16, 1911). Mendel says that in this editorial the *Journal* has employed the very methods which it has so often condemned in the patent medicine faker and the antivivisectionist propagandist. And we fully agree with him when he says:

"The suppression of truth cannot readily be defended, tho it does at times occur in the ardent defense of some worthy cause; but the distortion of facts always calls for condemnation from everyone who stands for honesty in science."

But what's the use? It will be centuries and centuries before mankind will rid itself from the curse of partisanship and will learn to be governed by its reason instead of by its emotions and inclinations.

ADVERTISING NOSTRUMS IN CHURCHES.

The New York Times, in referring to the statement made by a woman, who is engaged in the sale of nostrums, that while lecturing on "health" subjects—i. e., advertising her wares in churches—she paid the clergyman 10 cents for each person present, thus making the clergyman a zealous drummer, asks: "Can this be even half true?" Alas, it is only too true—not only half, but wholly true.

Those who have made a thoro investigation of the methods of the nostrum manufacturers know that this is the method by which many firms (the Viavi Company, for instance) have made their millions. A clever and smooth-tongued lady agent is sent into a town; she calls on the good, unsophisticated minister and tells him she has devoted her life to a study of hygiene and

health problems, particularly the health problems of women. She has already delivered a number of lectures before other churches and temperance societies and she would like him to announce a lecture to his congregation. She does not want him to go to any trouble for nothing, and the society (company) with which she is connected makes it a point to pay the ministers 10 cents for each hearer. The minister is overwhelmed, he announces the lecture with zeal, and drums up as big a female audience as possible. During the lecture the altruistic apostle of hygiene mentions the nostrums of the company in which she is interested, and guarantees absolute cures. After the lecture the sailing is smooth and many of the women part with their money for worthless nostrums, which apparently have the indorsement of the minister of the church. After a few days new fields are sought. And so the world goes.

IN THE SUBWAY.

It is but once or twice a year that I find myself in the subway during the real rush hours. When it does happen, I make sure that it doesn't happen so soon again. And when I see the tired, exhausted men and women crowding, elbowing, pushing and struggling for a place, when I see the hard, the soft, the apathetic, the hopeless, the timid, and the brutal faces, all expressive of nothing except of complete fatigue and a desire to get "home", I am sorry for humanity, and I am glad that I do not have to make this journey twice a day, six times a week. If I were forced to do it, day in and day out, week in and week out, year in and year out—why, I simply would not do it. I would rather take a dose of KCN.

But what will people not do in order to make a living, which in most cases means making a miserable twelve to twenty dollars a week, barely sufficient to feed and clothe the body?

PILOCARPINE AFTER SALVARSAN.

Our readers will remember that some years ago we advocated the use of pilocarpine as an adjunct in the treatment of syphilis, as an eliminative. Dr. O. Beck now suggests the administration of pilocarpine following the administration of salvarsan. He believes it would be a wise plan to do it in order to promote elimination of the arsenic after it has apparently accomplished its purpose. Pilocarpine is such an excellent glandular stimulant that its use in syphilis, whether while treated with mercury or salvarsan or during the interval when no treatment is given, should be more general than it is now.

A DEBATE ON VIVISECTION.

A debate on the subject: "Is Vivisection Immoral and Unscientific?" will take place before the Brooklyn Philosophical Association, at Long Island Business College, 143 S. 8th Street, near Driggs Avenue, Brooklyn, on Sunday, January 14, 3 p. m. sharp.

The affirmative position will be maintained by William R. Bradshaw, lecturer for the American Antivivisection Society, and the negative by Dr. William J. Robinson, Editor of THE CRITIC AND GUIDE. Dr. Robinson will endeavor to show that not only is vivisection not immoral and not unscientific, but he will also show that antivivisection is in the highest degree immoral, irrational, and, of course, unscientific.

Everybody is welcome.

THE PUBLICATION DATE OF THE CRITIC AND GUIDE.

As the CRITIC AND GUIDE goes this month to many new subscribers, who are not yet familiar with our vagaries, and as in the case of the tardy appearance of an issue, we are overburdened with letters complaining of the writers' failure to receive the journal, the following explanatory note is in order:

On what date is the CRITIC AND GUIDE published? It is our desire and intention to publish the CRITIC AND GUIDE during the first 5 or 10 days of the month. And as a rule it is so published. But the CRITIC AND GUIDE is not machine made, it is not gotten out by a "staff," it is not manufactured by the aid of a pair of shears and a bottle of *mucilago gummi arabici*. The greater part of each issue is written, actually written by the editor himself. And the editor does not belong to those happy mortals who can write to order. He can not "grind." He writes only when he feels the inspiration, or to use a more modest word, the inclination to write. Sometimes for two or three weeks he will feel no such inclination—or he may be engaged on some other literary work—and then he will not write a line. And then the issue is late. And therefore the really comprehensive answer to the question "on what date is the C. and G. published?" would be: Anytime between the 1st and 30th of the month. But, nevertheless, as a rule we are out between the 5th and 10th of the month, and the journal should be in everybody's hands not later than the 15th of the month. If you do not get it by that date, notify us.

"Medicine, sometimes impertinently, often ignorantly, often carelessly, called 'allopathy,' appropriates everything from every source that can be of the slightest use to anybody who is ailing in any way, or like to be ailing from any cause. It learned from a monk how to use antimony, from a jesuit how to cure agues, from a friar how to cut for stone, from a soldier how to treat gout, from a sailor how to keep off scurvy, from a postmaster how to sound the Eustachian tube, from a dairy maid how to prevent smallpox, and from an old market-woman how to catch the itch insect. It borrowed acu-puncture from the Japanese, and was taught the use of lobelia by the American savage. It stands ready to-day to accept anything from any theorist, from any empiric who can make out a good case for his discovery or his remedy."—Dr. Holmes.

SPECIAL OFFER.

Take advantage of this special offer now, as it is good until January 31st only.

To any new subscriber remitting one dollar for one year, or 3 dollars for 4 years, we will send any TWO of the following monographs absolutely free. The same to any old subscriber, who is not in arrears. Be sure to specify which two you want. Specify by number.

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Add One Dollar for a Copy of Never Told Tales. Every physician should own a copy to give to his patients—in an emergency.



Contributed by the author to THE CRITIC AND GUIDE.

A Few Remarks on the Division of Fees.

BY L. JACOBI, M.D., NEW YORK.

From time to time it is customary to assail the medical profession, charging it with ignorance, arrogance, cruelty, commercialism, and numerous other grave shortcomings. Some attacks come from without the profession, and some are made by its own members. As usual in such cases, much that is false or exaggerated is bandied about and interferes with a correct view.

At present, there is a crusade against the secret division of fees occupying the attention of doctors and the laity. Papers are read before medical and lay societies, warmly denouncing the practice, discussions are heard everywhere, and finally, the Academy of Medicine sets the stamp of official approval on these protestant efforts by passing a resolution condemning the secret division of fees and threatening offenders with condign punishment.

Having taken open cognizance of this latest "canker gnawing at the vitals, etc.," the Academy, to maintain the standard set by other high institutions of the land, ought to employ some detective methods, seize a few offenders, inflict exemplary penalties, and proclaim the extinction of the evil.

After that, division of fees can go on unmolested until a new fit of professional housecleaning is in order.

While the offenders are being hunted down, let us review the principal objections to division of fees between the family physician and the consultant, or surgeon.

First comes the charge of general demoralization. This is a well-known old-timer, and is frequently trotted out by all kinds of reformers. In spite of long and wearing service, the argument still retains considerable vitality. It has the one large fault of vagueness, but is otherwise very reliable, being mouth-filling and having a virtuous ring. We may safely pass it over as too indefinite and proceed to more specific accusations.

Perhaps the mildest among them is the charge of extortion. The patient pays the surgeon and the "rake-off" to the family doctor, it is said, the fee for the operation being raised accordingly. Now this assertion is extremely doubtful. Surgeons who do not practice division are not therefore more lenient in their demands upon the patient's finances. This fact is a matter of common knowledge. Possibly the reverse is true, the dividing surgeon being less exorbitant. Even granting the fees to be approximately equal, no tangible injury is inflicted on the patient by diverting a share of his money into the general practitioner's sinking fund.

The only loser in the transaction is the dividing surgeon himself, who has to be content with a reduced fee.

Exactly the same financial "deal" is familiar to the profession in the commission offered by manufacturers of trusses and similar appliances. The patient pays a fixed price and the dealer surrenders a share to the doctor. The same price is charged to a customer who is not sent by a physician, the dealer being here entitled to the full amount. The expense to the patient is the same, and so it usually is in cases of divided fees between physician and surgeon. While a tender solicitude for the patient's purse is touching when it comes from men accustomed to charge fees represented by four figures, it will scarcely pass muster as an argument.

Among some practitioners there is a latent suspicion that the irritation on the part of "leading", "prominent", and "famous" persons over the division of fees may be traced to chagrin at seeing patients diverted to their dividing colleagues. *Hinc illæ lacrimæ!*

However that may be, there is no basis in facts for the statement that division of fees necessarily results in overcharging the patient.

More serious is another objection. It is asserted, namely, that sharing fees tends to land the patient in the hands of inferior surgeons or specialists. This is another fiction, possibly also originating in professional chagrin. Merit and ability to attract the public are not so uniformly found dwelling together in the same individual as to warrant the above accusation. No doubt many capable men are recognized and patronized by the public, but equally indubitable is the fact that a competent surgeon may be lacking in the subtle personal endowments which inspire confidence in patients. Here the family physician is a better judge than his patient, who is likely to be hypnotized by the glamor of a name and to overlook genuine tho less pretentious worth. Then, again, no one is born famous, and the rising specialist who has succeeded in gaining the confidence of the family doctor but has no reputation as yet with the large public, may resort to sharing fees until the time when he can comfortably afford to be chaste and condemn division openly.

It is not at all a permissible inference that a surgeon who shares fees lacks ability; the only plausible conclusion is that he lacks patients or money or both, and divides fees in order that he may have some of both. But why not be generous and give him credit for sharing fees out of the purest charity for his underpaid colleague? So grievously has the profit-sharing surgeon been calumniated that I am almost afraid to venture such an interpretation in his defense, but, on the other hand, it behooves us all to be charitable toward the motives of others, and I therefore risk the suggestion.

Nor is this all. In case of an operation it takes three to make a bargain: the patient, his doctor and the surgeon. Even

granting for the sake of argument that the patient can be imposed upon and the surgeon is grossly incompetent, there still remains the family doctor as the go-between. Let us take another step and relieve him of any conscience he may possess. Does it follow that his patient is in imminent danger of being operated upon by an incapable surgeon? Not in the least. The doctor, even tho he be free from ethical scruples, is not therefore also devoid of ordinary practical sagacity. He must realize that a dead patient is the goose that lays no more golden eggs and this will give him pause when tempted to immolate the sufferer for the sake of a divided fee. Some responsibility is assumed by the family physician when calling in a surgeon and doctors value their reputation for financial reasons if not for ethical ones. What, then, becomes of the charge that they will turn their confiding patients over to the incompetent but high-bidding surgeon?

But we have not heard the worst yet. We are assured in all seriousness that division of fees is a temptation to the performance of needless operations.

In England, in the days of King John, it was customary to extort money from rich Jews by throwing them into prison, and when this did not suffice, by extracting their teeth, one every day, until the victims gave up their wealth. Now, it appears, we resort to a similar device. True, the patient is kept in ignorance of our ultimate purpose; he is also given the benefit of modern discoveries and narcotized mercifully; but, in essence it is the same method.

The doctor needs money; he proceeds to find a gullible patient; diagnoses an imaginary appendicitis, and turns the victim over to a profit-sharing surgeon, who is the modern representative of the old English "painful" prison dentist. A healthy organ is removed and doctor and surgeon chuckle over the divisible fee.

So we are told and so we believe. We are hotly indignant at first, but as we grow cooler and see clearer, we fail to perceive the bearing of it all on division of fees. Surely the villainous surgeon who carves a healthy man for the sake of a partial fee, will even more eagerly cut up his patients for the entire fee. And the same applies to the general practitioner. If he is anxious to have a patient mutilated for a share of the proceeds, he will maltreat others after his own fashion, without resorting to an obliging specialist. He will curet, apply the obstetrical forceps, remove adenoids—all without other indications than a fatter fee. He may do this—but division of fees bears none of the responsibility. Obviously we are here trespassing on a different problem. And thus another argument against sharing fees falls to the ground.

It is unprofitable to pursue the inquiry further along this line. Let us therefore now turn to the conditions responsible for the development of fee-division.

The specialist's point of view is not difficult to understand. He is either a man of independent means who needs clinical

material, and is willing to divide his fee in order to get patients; or else he does it with the object of stealing a march on his competitors, impelled by financial necessity. In any case, he does it grudgingly, as a rule, and would prefer the whole to the part.

More important and interesting in this connection is the attitude of the general practitioner. What induces him to ask the specialist for a "commission"?

There are several weighty reasons. Foremost stands the unprecedented development of specialism in recent years, and the consequent shrinking of the family doctor's field. Diseases which he formerly treated are now monopolized by specialists. He is seldom called upon to attend a serious affection of the eye or the ear. The poor patient visits the dispensary, the rich one goes to a specialist. And the like holds true of other organs. The surgeon, the gynecologist, the orthopedist and the rest of them are steadily encroaching on the general practitioner's domain. His practice is dwindling gradually, but his remuneration is not increasing at the same rate to compensate him for the loss. Hence a financial shortage.

Then, too, the ubiquitous dispensary is cutting into his income even more mercilessly than the specialist. Certain classes patronize these institutions regularly and send for a doctor only when they cannot leave their room, tho even then there is the ambulance and the visiting physician of some charitable organization. Again the finances of the general practitioner show a deficit.

Finally, there is the disproportion between the paltry fee of the family doctor and the swollen fee of the specialist or surgeon. An operation on his patient often causes the doctor more anxiety and sleepless nights than the surgeon realizes, yet the credit, moral and financial, goes to the latter. Naturally, the doctor is aggrieved.

Such, then, are the causes responsible for the division of fees. The custom may be looked upon as a regulative device, having for its purpose a more equitable adjustment of remuneration. The adequate causes being given, its appearance was inevitable. To denounce it vehemently is futile. So long as the causes behind division of fees continue to exert their influence, the custom will continue to exist. Academic resolutions and threats of anathema are manifestations of a naive faith in regulating conduct by intimidation. Still worse is the injection of hypocrisy into a serious issue.

May all who assail in unmeasured terms this "canker" and "corruption" take to heart the poet's lines about certain priests, who "openly preached water, and secretly drank wine."

Contributed by the author to THE CRITIC AND GUIDE.

Moral Sense, Criminality and the Community.

BY BEVERLEY ROBINSON, M.D., NEW YORK.

To anyone who sees and hears daily, in different strata of society, what is said and done, it is evident that in many directions, a profound moral awakening in thought and deed, is urgently needed.

Nowhere is this more obvious and deplorable than with some of the youth of to-day.

In the case of young persons who are the product of our schools we often find upon close questioning, that they have had but little *individual* moral training of the simplest kind from their teachers, while acquiring knowledge of other things. I am not aware that truth, honesty, courtesy, acting the golden rule by other pupils and by teachers also, are repeatedly taught to each pupil in all schools, as they should be, to firmly establish personal character. With fundamentals thus daily presented and insisted upon, apart from a little more or a little less arithmetic, history, geography, manual training in handicrafts, there would be fewer chances of scholars going astray later, in what pertains to *true* worldly success.

Some well selected verses from the Bible, as already obligatory in all public schools, ("All the schools under the jurisdiction of the Board shall be opened with reading a portion of the Holy Scriptures, without note or comment." See subdivision 3 of Section 45 of the By-Laws of the Board of Education) but *with* wise comments by the school principal and the reading also of the Lord's prayer at the opening of school exercises each day, might properly be added, so that every boy and girl, no matter what their sectarian faith, would have valuable spiritual instruction which no one, in my judgment, could rightfully oppose.

The statement made publicly, a short time since, by Ambassador Bryce, as to the influence of the Bible as a model in literature to our great English writers and the judgment of Mr. Balfour, lately the leader of the Conservative body in the British House of Commons, as to its great value in education, should have important influence with the Secularists among us. Mr. Balfour thus speaks: "We are all persuaded that the state which seeks by its legislation to effect a divorce between religion and the elementary teaching of children, is following the worst conceivable policy for the service of future generations—I have always cherished the hope that our elementary state schools would be so conducted as to secure to every child the kind of religious instruction his parents desire him to receive. Probably I should say, since no human system is perfect, to the large majority of children."

To those who deem this impracticable and wish to have their own schools, I would cite with approval, the words of *Catholic* Archbishop Messmer of Milwaukee, who would "Maintain the absolute independence of our schools (public) as to

their religious character and internal management. Let the State examine our children and if our work is up to the standard required by the State, then in the name of all that is fair and just, let the State pay its share toward the support of our schools. If our work is not satisfactory, we shall not ask for the State compensation. What American, be he Christian, Jew or infidel, can object to such a fair demand which will 'give Cæsar the things that are Cæsar's and to God the things that are God's?'"

In the foregoing citations, I have reported views of "good men and true" who are also thoroly competent to guide others, —less able and well-informed. What is true of public schools is also true, in a measure at least, of certain parochial and a few private schools, as I am credibly informed. On the other hand, I am happy to state from *personal* knowledge, that in one public school for boys and girls, and in one private school for boys, instruction, both ethical and religious, (in public school, of course, with due regard to By-Law cited) is excellent. Further, the lives and examples of principals and teachers are admirable. The scholars, with rare exceptions, are a credit to the school during the period of school life and subsequently.

In the private school referred to "the high standard of honor expected in athletics *now* has set a standard all thru school life; the boys are put on their honor and they respond to the trust." The quotation is from a personal letter to me, received from the principal of the school. All *honor to him* and others, for good work well and faithfully done, in laying the foundations of future valuable citizenship.

When children, especially of the poor, or of parents of moderate means, have finished their school studies each day, they should have well-located, suitably equipped, properly supervised, and *sufficient* playgrounds, where they could give vent to their natural instinct for play in a healthful and happy way. If these were *supplied* by the municipal authorities in adequate number, youthful offenders against law, would very soon diminish greatly in number and gravity of delinquencies. Further, if the public schools did more extensive work during evenings in winter and especially during the summer months when the schools are closed, to make additional recreation centres, or clubs for boys, girls, parents, in rooms, or on roofs of their buildings, which are urgently needed as places of joyous and healthful resort, "money would be saved, and so would tears, and pangs, and sorrow. The warped lives of many unparented children would (also) be straighter." (The Survey, May 13, 1911, P. 270.)*

* I am very glad to state that a great deal of all this has been done during the past summer, both by Public School Board and by Public Playground Association. B. R.

Good men and women fortunately, outside of public and private schools, are nobly and successfully striving to supplement their work. With one such laudable instance, I am thoroly familiar in connection with the West Side School of the Children's Aid Society, and of this good effective work, I cannot speak in terms too commendatory.

How much more of a similar kind, might be accomplished if the immense need of it were widely and deeply appreciated by the community.

Anyone who recalls his boyhood days of long ago, and considers how ideas and practices are changed at present, feels keenly that a social and moral revolution must come, if we are to have a widely better state of things in our city and state. High sense of duty and honor among most men and women, would then become watchwords of conduct—and there are none finer,—and our delinquent boys and girls would not fill reformatories and jails, as they now do, and far more thru ignorance and lack of daily moral precept and guidance than from innate criminality.

Homes, of course, first and above all, are the places where they should receive primary instruction,—if happily they exist,—in religion, ethical principles and obedience to, and honor of, parents. Education from wise, tactful teachers in all schools, public, parochial and private, must ever be considered supplementary, altho as stated, very important and desirable.

So far as certain homes among the poor are concerned, nothing could be more uplifting than the social work now being carried on by our efficient Settlement workers. In like manner, great and good efforts are being made by such institutions as Association for Improving Condition of the Poor, industrial schools of Children's Aid Society, Protestant Episcopal Mission, etc., among parents and children in homes, in public hospitals, asylums for old, decrepit and friendless, and in prisons, jails and reformatories.

Every week, I see many young men and boys who are arrested and sentenced, and their future lives often practically destroyed, for doing deeds, the wrong of which they don't and can't appreciate because of previous bad surrounding influences, apart from heredity, and of no neutralising, daily counter-teaching.

To many men and women of wealth, culture and position, whose lives and examples are pernicious from the moral standard of great personal responsibility, the preceding facts should come as an awakening of dormant consciences.

Something is required from them far nobler than mere money giving. Showing the example of continuous personal endeavor and service, without being disheartened, or led astray by folly of the time, is what is imperative.

Contributed by the author to THE CRITIC AND GUIDE.

The Economic Problem as it Affects the Medical Profession.*

BY OSCAR ROTTER, M. D., NEW YORK.

During the short time of its existence the Yorkville Medical Society has held a number of meetings at which the case of many an interesting patient was either exhibited in person, or discussed theoretically. The patient, however, I am about to introduce to you to-night is of an entirely novel character. I shall call the Medical Profession itself a patient in so far as it is the victim of present-day abnormal economic conditions and circumstances. The problem which at the present time confronts every individual more directly and keenly than any other, no matter what his or her position or vocation in life may be, is the economic problem. It is world-wide and looms like a Sphinx before the eyes of the poorest laborer, the captains of industry, the rulers of nations, each of whom is in quest of a satisfactory solution of its riddles from their respective attitude and interest. The nature of the economic problem expressed in as few words as possible is the ratio that exists between the financial income of a person thru his or her work and the expenses necessary to support life in accordance with one's social station. Economically speaking, there are in the main three situations. If a man or woman thru their work earn a compensation which enables them without difficulty to satisfy all their reasonable wants, they are said to make a livelihood. If they take in more than they must pay out, they are said to be well, very well or extremely well-to-do, according to the amount of their surplus. If on the contrary they earn barely what they need, they are in constant dread of bankruptcy and its resulting misery.

Now a question. Does this economic problem face the Medical Profession? In answer to this question I have copied from the January 1911 number of the Medical World a statistical statement in regard to the income of physicians in the United States. According to this analysis the absolute average income is \$600 a year or just \$100 more than the annual average income of an unskilled laborer in the State of New York according to the latest report of the New York State bureau of labor. From personal study of statistical records in various medical magazines for the past 15 years or so I can state that \$2000 a year is to be considered a very fair general average income of physicians all over the United States in country or city practice.

The main facts of the statistics referred to as copied from the Medical World read as follows

"\$600 per year is the amount earned annually by the average physician in the United States. This is not a random statement, but one based upon facts and *bona fide* statistics. Many physi-

* Read before the Yorkville Medical Society, October 16th, 1911.

cians, of course, are making all the way from \$3000 to \$12,000 per year and more, but in doing so they are absorbing the portion of others, in other words are getting more than their share.

With 150,000 physicians in this country, say of 100,000,000 population, a little figuring will show just how matters stand and why attention to details is essential. On this basis of population there are only 666 people for each physician and each year as the number of graduates increases the proportion is reduced.

This leads to the following analysis of the situation:

1. How many of the 666 are ever sick?
2. How many, when sick, call a physician?
3. How many are prescribed for by the local druggist or use home remedies or patent medicines?
4. How many are cared for by charitable institutions and municipalities?
5. How many of those upon whom you are called to attend are able to pay for your services?
6. How many of your accounts are bad and have to be charged to profit and loss?

If you answer these questions candidly and honestly as per your own experience and that of others, you will cut the proportion down to about 200 persons to each physician and at an average expenditure of \$3.00 per capita per annum \$600 is the net return, providing you are one of the thousands of "average physicians."

The economic problem facing the Medical Profession is thus certainly shown to be a very real one. I personally even go further, in making the statement that the Medical Profession is to a greater extent menaced by it than any other profession or vocation. There are many reasons why this should be so and I shall in the following analysis try to make it clear.

First I wish to say that for two reasons the Medical Profession resembles the man who is sitting on the distal end of a branch of a tree which he is sawing off in front of him. The ideal and constant effort of the science and practice of medicine is not only to cure, but to prevent or stamp out disease. That much has been done in both directions during the last ten or fifteen years, I need only refer to the very successful modern treatment of diphtheria and the great scarcity of cholera infantum in the City of New York which latter disease kept the general practitioner quite busy in July and August in former years.

Then the Medical Profession, unlike any other, in the case of all those who serve as intern or visiting physicians or surgeons in hospitals or in dispensaries, is willing to offer its professional knowledge, skill, work and its time to the community free of charge. No lawyer who is appointed by the community to defend a poor criminal is asked to do so in the name of charity

but he is paid if I am rightly informed \$500 in such cases. If the community would have to pay physicians and surgeons for the professional work they do in public hospitals and dispensaries, it would have an interest to see to it that none but such who are without means to pay for medical services receive them at charitable institutions; which is by no means the case at present. The Medical Profession in London, England, have woke up to this fact and are at present organising a movement among themselves to suppress the *abuse* of hospital and dispensary charity.

But beside these two features unique to the Medical Profession, there are many other factors of modern life and social-economic development whose tendency is to narrow the field and diminish the income of the physician in private practice.

There are to begin with the so-called "Medical Associations" which furnish medical services to all such who pay a certain small premium, usually 10c a week during health and illness. Some of these associations are the creations of scheming non-medical capitalists who look upon cheap organized service of medical aid on a large scale as a good investment of their capital. The physicians in their employ are engaged on similar terms as lodge-physicians, that is they receive in the territory allotted to them as a rule \$1.00 per year and member.

Then there is the "Contract-practice" with the hundreds of thousands of fraternal lodges. No matter how small their membership may be, whether 25 or 100 they all expect the services of the physician at the same low rate, that is \$1.00 per year and member.

Another source of economic danger comes to the Medical Profession from the existence of humbug medical associations conducted by licensed but unscrupulous physicians. These concerns carry on a very lucrative business thru "correspondence practice" using the U. S. mail for their fraudulent schemes. They promise in their circular letters all sorts of sure cures and remedies which latter they furnish themselves. The lowest charge for the latter is as a rule \$10.00 each. Astounding economic facts in regard to this kind of enormous quack practice were revealed only on April 20th, 1911, when three big concerns: "The Vienna Medical Institute," "The Universal Medical Institute" and "The Dr. Hartmann Medicine Company" were raided by United States officials on order from the Chief Post Office Inspector. From the books and twenty sacks of mail seized it was learned that these quack institutions took in more than \$200,000 a year!

Now I shall mention the loss of practice and income thru the existence of various classes of professionally unqualified "practitioners" who make a cult of some one single therapeutic measure which they very skillfully privately advertise as a panacea for all diseases, never losing a chance to denounce scientific medicine as worse than useless.

"Masseurs" graduate themselves as "Osteopaths" without any knowledge of pathology or diagnosis. Former attendants at some reputable hydropathic institute work up in a similar way a practice, styling themselves "Hydropaths" or "Naturopaths." Opticians, in New York State, since the recent Optometry act invade the practice of the ophthalmologist more than ever before. Then there are the "Christian Scientist Healers" who use religious superstition as a cure-all for all diseases, declaring that disease only exists as an idea of a perverted mind. Again we have the "Dietists" who make people believe that dietetics alone will cure all ailments, and last but not least a new sect of practitioners has sprung into existence, the "Fasters." A very prominent promulgator of this newest fad in therapy is no less a man than Upton Sinclair, author of the social-economic novel: *The Jungle*. This enthusiastic Faster has been carrying on a very aggressive campaign for this new therapeutic cult only a few months ago thru the columns of the *Socialist Daily "Call"*. In this very spirited debate the attitude of the scientific Medical Profession was very ably and energetically represented by Dr. Wm. J. Robinson, editor of the *CRITIC AND GUIDE*. The acme of the assertions of Upton Sinclair was the statement that syphilis could be cured by a four week's "fast." So wise and skilful are these fanatical sneerers at scientific medicine. I must mention also the loss of practice and income to physicians by systematic counter-prescribing of many druggists. I will conclude this long list of economic foes to the scientific practice of medicine who together create a very formidable "economic problem" for the Medical Profession by referring to an undesirable class of patients in our own practice. I mean the "dead beats on principle." These are dishonest people who prefer the services of a private physician to treatment at a dispensary, but never intend to pay their doctor. They consequently call in a different physician for every new case of disease in their families.

So far I have tried to analyse the ever multiplying sources of loss of practice and income in private practice. Let us now turn to the opposite side of the economic problem. Here we are confronted by the fact that with decreasing income we have to meet ever higher and higher expenses. It is hardly necessary to mention that the cost of living and rent in New York City today is at least 30% higher than it was 10 or 15 years ago and there is no reasonable hope of any improvement in this direction in the future. While thus the prospects for a just and fair financial return for hard, incessant professional work and toil grow steadily worse, especially for the younger generation of physicians, more and more knowledge and skill is demanded of them. The time of study has been doubled, the expenses of a college course amount to three or four times as much as they did twenty years ago, and the examinations have become more and more rigorous. Likewise the professional equipment for

practice has become more complex and costly. These latter features in themselves, of course, only prove the great progress scientific medicine is making every year for the welfare of humanity, and they are the best refutation of the sneers and malicious criticisms ever and ever again hurled at the Medical Profession by all sorts of fanatical and ignorant sects of Healers and their deluded followers among the suffering laity. But the question arises under present day economic conditions, does it pay to spend so much time, energy, enthusiasm and money to choose for one's vocation a profession with such gloomy economic future?

At the conclusion I wish to say that the purpose of my paper was to point to the existence of the economic problem for the medical profession and to furnish an analysis of the many factors which give rise to it.

As regards a remedy or remedies for it I would suggest that the evil can be successfully dealt with, if at all, only by an organized and systematic effort on the part of the Medical Profession for mutual protection.

Not a few of the progressive medical magazines have for some years past seriously and ably discussed in their pages the economic problem and urged the profession to unite and co-operate in their effort to deal with it. Foremost among them the "Medical Record," the "Medical World" and the "Medical Council," and THE CRITIC AND GUIDE.

It therefore will no longer do for Medical Societies to neglect and to exclude from their sphere of activity the economic problem. The Medical Society which shirks this important task fails to do its full duty to its membership and to the profession at large.

Contributed by the author to THE CRITIC AND GUIDE.

The Relations of the Sexes.

BY MRS. S. H. PILE, GLASGOW, MO.

For some time both my husband and myself have been interested readers of the various articles published in THE CRITIC AND GUIDE concerning the pros and cons of the sexual relation.

I see that some of you doctors say, that the sexual instinct in man is imperative and should be gratified. Others say it is a natural function and that a moderate indulgence is beneficial, while too much is harmful. Still others argue that perfect continence is the right thing, tho nearly all will admit that it is almost an impossibility for most men to live that way.

In the September issue of the CRITIC AND GUIDE there is an article by Edward Ranft on "Sexual Continence" in which he hints in a sarcastic way that it is an injustice to all concerned, and particularly to the man, for him to have sexual relations with his wife only, should he desire to gratify his passion with other women. He goes on to say that no matter how much a man admires another woman, or how much gratification he gets from

sexual intercourse with some one else besides his wife, or how more perfect or welcome illegitimate children are over those born in lawful wedlock, custom says that he shall remain content with the lawful lust, rather than indulge in any extra-marital relations. Perhaps this line of reasoning is scientifically correct, but what solution does he offer as a change?

I see plainly where the marriage of one woman and one man makes it require some sacrifice on the part of the man if he lives strictly up to the marriage contracts we now have. But since customs which neither you nor I have had anything to do with establishing have made these things the rule, how can we make any immediate or radical changes?

You doctors understand these things from a man's point of view, because you know the passions you have to overcome yourselves, and you understand it scientifically, but do you think you understand the woman's feelings and the place which these qualities in man force her to occupy? Do you realize that the spirit of possession and jealousy she has, must have been handed down to her thruout countless ages perhaps? And isn't the training of the ordinary so called respectable girl of this country such that she grows up believing that she must keep herself clean and chaste sexually; that somewhere in the world there is a man who will one day claim her for his wife from among all the other women of the world; that he will expect and demand that she has been continent in sexual affairs; that she will love and honor him as her husband and the father of her children; and that she will not have, nor expect to have, nor even want sexual relations with other men? Is it any wonder then that when she grows older and wiser as to the true state of the husband's feelings in these matters, that she feels deceived, and that in a way she realizes any effort made to maintain her good name for the hope of a certain reward has been practically thrown away on an object whom custom, or hereditary traits, have decreed shall not so live as to recompense her? Coupled with this fact, if he is honest enough with her to admit after several years of married life that she does not thoroly gratify him sexually, and that his nature demands and cries out for this relation with other females, what is the wife to do? Does she do him justice to say that he shall not? Does she do herself or society justice to say for him to follow those natural instincts? Both cannot be right, tho both may be wrong. If the man's desires are natural and imperative, and right, then it is time that women were schooling themselves to expect and bear such customs with as much fortitude as they can command. Perhaps in time, a generation of females will be developed without feeling other than to serve man and bear children.

I am sure that the women who fully realize these qualities in man's nature cannot but have pity and sympathy for him, knowing that he suffers not to exercise these functions, and that

if he does give way to them, then the wife suffers mentally if she knows it, and sometimes physically if a disease is contracted through this extra-marital relation. We as women, do not blame him for this instinct, perhaps, so much as we do those that keep us in ignorance of these things about his nature.

There is one thing that I cannot understand any more than some of the others. Why was man himself in the ages preceding this allowed the social conditions we now have to gradually grow up? Why has not some custom been maintained whereby he could have had this gratification in a lawful and legal way? Why have men themselves made bigamy a crime, and punish those who commit adultery?

If the women had been raised by polygamous parents, had the men always been allowed to have had many wives, or kept mistresses openly and publicly, there is no doubt but what women could now have looked on these things much more liberally than they do. Man has been partly to blame in spoiling us. He has made us think that one was sufficient to his wants; the lover tells his sweetheart that she is all in this world he wants or will have, and so it goes—deception forever. He is not all to blame, he is a victim of social customs as well as we women. He thinks no doubt that he will be thoroly satisfied, but after a time finds that he is not. I am sure that a good many men feel this way, even tho there is perfect love and harmony between them and their wives.

Most women are by training, and a natural or developed instinct, jealous. And deep down in almost every man's heart isn't there some of the same feeling? How many men, or even you doctors who understand this imperative part of man's disposition best, can say that you would be bold enough, and brave enough, and sincere enough to live with your present wives while you openly and with her knowledge had extra-marital relations? And if the wife had admiration and love enough for another man to wish to maintain the same relations with him, would you love and honor and cherish her just the same? Or would you have some of the same kind of jealousy, and heartache for her undivided love and consecration of body that the women have for the men they love and marry? I am speaking only of those marriages where love was the chief consideration, and not those made from any other motive. I would like to have answers to these questions straight from your hearts—and not let custom, or duty, or public opinion, or any consideration for the future have any weight with you. We all are willing to admit that some other way than that under which we are now living might be as good or better for the future, but I want to get at that part that concerns our hearts, for without love, and contentment, and peace of mind, the world would be a dreary place in which to live.

Is there any course of reasoning that the wives can take up,

whereby they can ease the hurt to their pride and the void in their hearts, made by the knowledge that in the matrimonial trade they have been deceived and cheated?

They think they are securing a man's entire love and all of his sexual attentions. They think he will find in them all he wants or desires, and they pay for this every iota of their love, respect and adoration. They give their bodies and their sexual feelings without reserving a single right or desire for other uses. Has it been an even exchange? How can they think, or what can they do, to alter their feelings and so adjust their lives as to meet these conditions as they now find them, instead of going on trying to live up to, or make the men live up to, the ideals cherished when married?

As said before, both the woman's way and wants, and the man's natural instincts and desires cannot be lived up to, and both cannot be right. If the man is right, the woman is wrong, and if the woman is right, then what are you going to do to change the man? It seems vastly important that he be at peace. It is not just that he have an imperative desire that is not right for him to gratify; and if it is not necessary for him to have this desire, then isn't it high time that steps be taken to breed that characteristic out of him? Will the future generation of boys or men be any better able to control or live without this instinct if the fathers of to-day cannot control it? And do you suppose that the quality in the next generation of boys would be lessened if the men of to-day succeeded in controlling their actions, even if they could not have perfect control of their thoughts?

Contributed by the author to THE CRITIC AND GUIDE.

Scaring Patients.

BY L. BUCKLE, M.D., NEW YORK.

It is sad to admit, but it is true that scaring patients by exaggerating the gravity of their diseases is practiced by not a few physicians. Some do it for the good of the sick, thinking this would help them not to neglect their ailments and carry out more readily the treatment. Others, in addition, have also in mind the business part of such a practice. Scaring a patient to be more punctual with the treatment often means one or more visits to the doctor and, sometimes, a good name for the latter for promptly curing a "serious" affection. But, whatever the motive of the doctor may be, whether humanitarian or commercial or both, it deserves criticism and condemnation.

There are numerous sensitive people who consult the physician about some complaints which, quite often, require very little treatment, if any at all, but which they consider quite serious. In such cases a smile and a hopeful word from the doctor are soothing, relieving and encouraging. It is half of the cure. Whereas a grave look, a solemn shake of the head suggesting seriousness of the ailment and emphatic words accentuating the

gravity of the trouble, help to deepen the patients' imagination, lessen their chances of recovery and cause them untold worry and misery. There are hundreds, nay, thousands of such patients who go about brooding over some comparatively mild ills just because, at one time or another, their doctor exaggerated their significance and scared them. Such impressions may become indelible for years and undermine the victims' health in far greater measure than the original trouble would ever have done.

Let us cite at least two cases of such victims from the many we have collected. It may help to bring out more vividly our point of view.

M. K., a good looking, lively young man, one day, as the result of a cold, felt some pain in the right side and started to cough. After a few days of self-medication without relief, he thought it best to consult a physician. The doctor told him, after he had him examined, that he had a touch of tuberculosis on the right lung, must stay home and be attended regularly by him. The young man was so shocked and frightened at the diagnosis, so impressed with its gravity, that altho his cough soon stopped, the pain in the side disappeared, and other physicians assured him most positively that his lungs were perfectly sound, he continued to worry and despair over his lung trouble and broke off a love affair that was soon to terminate in marriage. No argument availed. He believed the first doctor told him the truth and the others did not. It was extremely pitiful to see an intelligent young fellow, once happy and lively, so soon lose all interest in life and for long remain a victim to a frightful impression.

The second case was that of Mrs. T., a short, pregnant, rather anemic and emaciated woman, who came to engage us for her confinement. She was so downhearted, nervous and discouraged that the first question we asked her was to tell us the full truth as to what troubled her mind. She burst into tears and tremblingly related her story.

It was some time ago, during the seventh month of her pregnancy, that she went to Dr. M., who was recommended to her as an experienced accoucheur, to engage him for her coming confinement. Except for a slight shortness of breath, a little heart burning and a tired feeling after eating, she did not consider herself suffering from anything serious. But when the doctor looked her over, he said that her heart and lungs were very weak and she must be under treatment so as to gain strength for the coming ordeal. He asked a higher fee than he usually charges for confinements because, he explained, this is a case which would require special care and involve greater responsibility.

This was enough to scare the poor woman. She became restless, irritable, lost the little appetite she had, suffered from sleeplessness, and headaches and felt most miserable. Her condition got worse from day to day in spite of the doctor's treat-

ment. She lost all interest in her two children, her husband and in all around her. She was brooding day and night over her weak heart and lungs. Not a minute did she forget about it. The vision of consumption and death was always before her eyes.

At the time we examined her, she was in the ninth month. Failing to find any organic lesion in her heart or lungs, and grasping the whole psychologic significance of her trouble, we undertook to confine her and tried our utmost to encourage her and keep up her spirits. Christian science methods in such cases work far better than the best tonics. Under constant encouragement and positive assurance that there was nothing the matter with her and that all would be well, she began to improve slightly. But even now, several months after her confinement, altho the tired feeling, the shortness of breath and the heart burning, have ceased with the birth of the child and her health is as good as ever, her spirits are not the same as they were before she was scared with the diagnosis of heart and lung trouble. That impression is still impressed upon her mind and she cannot entirely get rid of it.

These two cases show how careful the physician must be not to exaggerate the severity of his patient's complaints even if he has the good of the latter at heart.

321 E. 10th St.

Brieux's Plays. Homeopathy.

Dear Doctor:—

I like your discussion of Brieux's plays, but wish to call your attention to one point with which I can not agree, and that is, your rather contemptuous reference to "The Three Daughters of M. Dupont." I really believe that this play is the best constructed and the most dramatic of the three, altho "Damaged Goods" is of more importance and interest from a medical point of view. I think the Three Daughters of M. Dupont is more of a real play than the other two, [no question about that. Ed.] which are scarcely more than medical tracts, however dramatic certain situations in them may be. Your sole criticism of the Three Daughters of Monsieur Dupont seems to be that the play is not true to life, since it leaves out of consideration one type of woman, that is, the woman who is happily married: but may I call your attention to the fact that since this play is essentially a problem play, and written for the lesson it may teach, it is exactly the woman who is happily married, who *as a type*, it is not worth while to consider at all. In this connection Brieux wishes to draw the reader's attention to three very important and very unhappy types of women, this is what the play was written for, not to present the "marry and live happy ever afterward" situation, since this situation is the one that is presented in thousands and thousands of dramas, while

the other situations are the ones that have been neglected in thousands and thousands of dramas.

You might just as well have criticised "Damaged Goods" as not being true to life, since very many marriages are consummated, where the question of syphilis does not enter in at all.

I enjoyed your first editorial on "Naprathopathy" very much, also the one on "Sectarianism Passing Away." I agree with you that it is unfortunate that in this country we have no definite standing as to what constitutes a doctor. I believe that differences in therapeutic opinion should be left to adjustment by post-graduate courses and special societies. I think that your implication that the sectarian schools, particularly the homeopathic schools, have encouraged low standards is not entirely justified. The Boston University, a homeopathic school, has always been in the vanguard when the question of increased requirements has come up. I think you will find as a whole that the homeopathic schools have been very ready to meet all requirements in this respect, and some of them have been among the first to increase their requirements. I may however be prejudiced, since I was brought up in the homeopathic school altho I am a member of the County, State, and National regular societies.

In the matter of sectarianism the regular school itself is not entirely guiltless, since in the days of Hahnemann, if his followers had not been so persecuted by medical orthodoxy there would never have been a homeopathic school. I share with you the desire that as a school, homeopathy will in time become non-existent, but this can only be brought about by an attitude of liberalism and generosity toward that school. Whether homeopathy as a theory will survive the dissolution of homeopathy as a school is questionable, but with the requirements of a thoro medical education for all physicians, I do not see why you as a liberal physician should care whether it does or not. In fact I should imagine that you would like to see it (as a theory) survive, if it contains truth sufficient to justify that survival.

May I call your attention to another point in this connection: that is, the indiscriminate grouping of homeopathy with other minor sects in medicine, and remind you that however absurd you may consider homeopathic doctrines, yet you must concede that the homeopaths are, and always have been first of all physicians and then homeopaths. There are today plenty of diversities of practice and theories of therapy in the regular school that, had they been promulgated one hundred years ago, would have forced their discoverers and followers into a separate medical sect.

Hoping you will take these comments in as kindly a spirit as they are meant, I remain

Very cordially yours,

Cincinnati, Ohio.

RALPH REED, M. D.

THE MEDICAL GUIDE

Valuable Abstracts on Therapeutic Subjects, Interspersed with Diagnostic Points and Interesting Medical and Historical Facts.

Constipation and Asthma.

According to Ebstein there is a distinct relationship (*Deut. Med. Woch.* Oct. 19) between constipation and asthma. He reports that in a number of cases the asthma disappeared when the chronic constipation was cured. One such patient was free for nine years from the asthmatic symptoms when the asthma returned accompanied with dyspepsia and constipation. When the gastro-intestinal condition was cured the asthma again disappeared. He suggests that in every case of asthma we should first look into the condition of the patient's gastro-intestinal tract, and the first step in every case of asthma should be the removal of constipation whenever it exists.

Reinfection After 606.

One of the positive proofs that a patient has been actually cured of his syphilis is when he acquires a new infection. There have been several cases reported in literature of reinfection after mercurial treatment, and now we are getting cases of reinfection after treatment with arsenobenzol or salvarsan. Dr. Klausner reports (*Munch. Med. Woch.*, Oct. 31) a case of syphilis in which all the signs were strongly marked. Spirochetæ were present and the Wassermann reaction was strongly positive. After the intramuscular injection of 6 decigrams (0.6 grams) of arsenobenzol the Wassermann reaction became negative and the symptoms disappeared. A year later the patient appeared again with a chancre, swollen glands, and the additional maculopapular eruption. The reaction, at first negative, again became positive. This is an undoubted case of reinfection with syphilis.

An Ointment For Epididymitis.

Bethune uses the following formula as a local application in epididymitis:

Mentholis	gr. xv
Ung. Belladonnæ	gr. xx
Ung. Créde	gr. xxx
Ichthyolis	gr. lx
Petrolati, q.s.	3 i

The swelling subsides in about ten days.

Sutures Fallopian Stumps for Sterilization.

Falgowski states (*Zentralblatt fuer Chir.*, Oct. 21) that the only way to be sure that further conception will not occur after

excision of the Fallopian tubes, is to suture the stumps between the layers of the ligaments. In a gonorrheal case in which he excised the tubes and sutured the remaining ovary in the pouch of Douglas, a fistula developed between the uterus and the abdominal cavity and the patient has been pregnant twice since, altho aborting both times.

Effect of Severe Exercise on the Kidneys.

After examining 163 athletes after sports of various kinds, making nine different tests on 647 specimens of urine, Jundell and Fries come to the conclusion (*Nord Med. Ark.*) that sports and occasional excessive exertion are entirely harmless for the kidneys in the long run, notwithstanding the apparently serious changes in the urine, which resemble those of nephritis except that they gradually subside in the course of a few hours. The kidneys may show albumin and tube casts after every such exertion for years and decades, but are not permanently injured thereby nor predisposed to disease.

The Harmlessness of Urotropin.

According to Dr. Robert Coleman Kemp, urotropin is practically free from any bad by-effects. He reported a case (*N. Y. Med. Jour.* Nov. 25) in which 80 grains a day were taken continuously from the first of May until August without any untoward results. Several cases were on record in which 120 grains a day were given, and one in which no less than 240 grains in twenty-four hours. In this latter instance some irritation was produced, as shown by the appearance of albumin, casts, and blood in the urine, but it subsided when the drug was temporarily suspended. After it was resumed, there was no further trouble, and the patient went on to recovery.

Tomatoes in Bright's Disease.

The prejudice against tomatoes and other green vegetables in Bright's disease seems to be unfounded. Dr. A. Kakowsky (*Berlin Klin. Woch.*, Oct. 23) gave tomatoes freely, both raw and cooked, to five patients suffering with nephritis and made a careful study of the metabolism. He states that he was unable to find any evidence of injury in any form of either acute or chronic Bright's disease. This applies also to spinach and other green vegetables. It seems therefore that the old-time fear of giving certain vegetables to patients suffering with Bright's disease is as groundless as is the fear of meat.

Camphor and Tuberculosis.

Volland recommends the hypodermic injection of camphorated oil, ten per cent, in pulmonary tuberculosis. He has had several years experience with this method, and claims it to be very beneficial in case of severe hemoptisis. He injected as much

as 30 grams of the oil, equivalent to three grams or 45 grains of camphor, in twenty-four hours (*Therap. Monatsh.* October).

Pregnancy in a Woman of Fifty.

C. C. Norris, Philadelphia (*J. A. M. A.*) reports the case of a woman, aged 50, who had been twice married but had had no children, tho she had been operated on after each marriage by dilatation and curetting and simple dilatation of the cervix without results. Menstruation had continued, usually with but slight discomfort. She had never had severe dysmenorrhea. The genital organs were rather normal tho the os was small. Dilatation was performed and a rather thick Wiley drain inserted ten days before the expected monthly period. The Wiley drain is a sort of grooved-stem pessary. Pregnancy followed, with normal labor and delivery. The advanced age is of interest in this case, tho menstruation is not uncommon after the age of 50.

Prenatal Ophthalmia.

W. A. N. Dorland, Chicago (*J. A. M. A.*), reports a case of a very rare or almost unique case of gonorrheal ophthalmia in a fetus *in utero*. He has found no other published case and has not seen the possibility noticed in the text-books. The condition at birth was so virulent that the child had to be at once isolated from other babies in the hospital. Dorland says it could occur but one way, since the mother denied all vaginal douching prior to delivery. Her own freedom from gonorrheal puerperal fever was due to the fact that the infection had occurred within the amniotic sac and was limited to that cavity without penetration to the decidual tissue.

Sodium Bicarbonate in Diabetic Coma.

Diabetic coma is generally fatal unless very energetically treated. The only drug that has any cures to its credit is sodium bicarbonate, and this should be given in large doses in every case where diabetic coma is to be feared. As soon as premonitory symptoms show this, 20 to 30 grams (5 to 8 drams) of sodium bicarbonate should be given internally. If the symptoms threaten to become alarming the sodium bicarbonate should be administered intravenously.

Sunlight In Surgical Tuberculosis.

Altho Bardenheuer has been one of the most successful in the surgical treatment of tuberculosis of bones and joints, the experience of Rollier has convinced him (*Deut. Zeit. fuer Chir.*) that better results can be obtained with sunlight than by operation. Rollier restricts surgical measures to puncture of abscesses. Altho only the severest cases are sent to him, yet 284 of his total 371 patients were cured, that is, 78 per cent.; 13 per cent. improved; 6 per cent. are still under treatment, and 4 per cent. have died. The list includes sixty-one with tuberculous spondylitis,

twenty-seven with peritonitis or enteritis, and sixteen with kidney or bladder tuberculosis, including five after nephrectomy. Bardenheuer was so impressed with the amazing benefit from the sunlight treatment, even in apparently hopeless cases, that he applied it in thirty-five cases of his own and is delighted with the results. One of Rollier's patients came to Laysin in March, 1909, with a tuberculous affection of both sacro-iliac joints with numerous abscesses and involvement of the ilium on both sides. In the course of the year two liters of pus were evacuated by puncture repeated forty-five times. Bardenheuer tried to cure in two cases of this kind by extensive resection of the bones, but failed in both cases. In Rollier's case, however, the patient was completely cured by July, 1911, and returned home weighing over 37 pounds more than when she arrived. Bardenheuer had his patients expose their lesions to the sunlight for fifteen minutes three times a day, rapidly increasing to two or three hours morning and afternoon or all day long except in midsummer. He thinks that exposures of the chest in cases of pulmonary tuberculosis might advantageously be introduced in sanatoriums.

A Death From Salvarsan.

Dr. Gaucher, professor of cutaneous and syphilitic diseases, Paris, reports the case of a young man, 19 years old, having an indurated chancre of the frenum, a month old, and a double indolent, inguinal adenopathy. He received an intravenous injection of 0.6 gm. of salvarsan. A quarter of an hour later he was seized with vertigo and a little later with vomiting and elevation of temperature. The next day his condition was normal. Two days later a new injection was made, which was followed by vertigo, headache and greenish vomiting, which vomiting persisted the next day and was accompanied by epigastric pain. The day after that in the afternoon the patient was seized with convulsions first tonic, then clonic epileptoid, with frothing at the mouth. At 4 o'clock he was in coma and died two hours later without having regained consciousness. At the necropsy all the organs except the kidneys were normal. The kidneys were increased in size, hard and congested. Microscopic examination showed lesions of acute nephritis with epithelial degeneration and tubular rupture. The patient had suffered a hyperacute arsenical intoxication and died of uremia caused by degeneration of the kidneys.

The Treatment of Bronchial Asthma.

Dr. Isaac I. Lemann advocates (*Am. Journ. Med. Sciences*) the use of adrenalin chloride, 10 to 15 drops of a 1 to 1000 solution, for the relief of the paroxysms of bronchial asthma, contending that while adrenalin is generally regarded as a vaso-contractor and augments of blood pressure, its hypodermic administration during the paroxysms of bronchial asthma tends really to lower rather than to increase blood pressure. His ob-

servations are based on 31 cases, and he reports that in cases where the adrenalin does give relief the rapidity of its action is astonishing, the patients often feeling better before the needle can be withdrawn. In reply to the objection that the habitual use of adrenalin will bring about extreme arteriosclerosis, he says that the frequency of the existence of arteriosclerosis and bronchial asthma in the same individual makes it impossible to say that the arteriosclerosis is due to the administration of adrenalin and not to the fundamental cause underlying both the asthma and the arteriosclerosis. He is opposed to the use of morphine on the ground that the relief it gives is so sure and the occasion for its use arises so repeatedly that a habit is almost certain to be formed. In the intervals he uses 10 to 15 grains of potassium iodide three times daily for several months, and thereafter alternates ten days of rest with ten days of this dosage or gives the iodide during the first ten days of every month. Constipation should be avoided.

KNOLL'S PHARMAKA. Knoll & Co., Ludwigshafen a. Rhein. 1911. We are in receipt of Knoll's Pharmaka (in German), a splendidly gotten out volume of 373 pages, dealing with the pharmacology and therapeutics of all the products manufactured by Knoll & Co., together with a complete bibliography of all original articles dealing with the various drugs. The volume is a credit to the manufacturers and will be found useful by all physicians who have occasion to prescribe or who wish to familiarize themselves with the Knoll products.

LETTERS TO THE EDITOR

"The House of the Child."

Editor CRITIC AND GUIDE:—

Eight years ago I wrote to a prominent educator and writer on child psychology, somewhat as follows: "The only way to educate the child is to get on our knees before him in the cradle and find out what it is that he wants to learn. To 'dope' our children with dead tradition, moribund doctrine, cold-storage ideals, is to destroy just so much of new life. Under Socialism children will be educated from the cradle, not by the ignorant, prejudiced, tradition-doped, doctrine-ridden, family-bigoted, pettily-stipended or absolutely poverty-stricken average mother of to-day, but by the wisest and noblest scientifically trained social mothers the social order can produce—not in the 'homes' of their parents, but in houses nobly and beautifully, artistically and scientifically constructed to meet their needs."

I little dreamed that I was a prophetess of the new cult of the child, and that its first high-priestess, Maria Montessori,

would arise out of monarchical and priest-ridden Italy. I little dreamed that my prophecy as to Socialism and the child would know the inception of its fulfillment before Socialism should even have come of age.

The central idea of this cult is that life is ever new and acts of itself; that no spontaneous movement, except the sort involving danger or harm to self or others, should be arrested in the child; that no arbitrary task should ever be imposed; that the liberty of the child should have as its limit the collective interest, should have as its form harmlessness and kindness and justice (the very foundation principles of the spirit of Socialism); in a word, that the child's individuality should never be pressed into a conforming mold, but allowed to evolve in absolute freedom out of itself. "Let the little ones come unto me, and let me learn of them, for of such is the kingdom of the new heaven and the new earth," must be the spirit of every teacher of this cult.

Let us rejoice that this cult, established only four years ago, is already spreading over the world. Switzerland has established it by law in all its public schools. There are model schools in Paris, in New York, and in Boston, and preparations are being made for their establishment in England, India, China, Mexico, Argentine and Honolulu. Let us bid this glorious work godspeed as the earnest of the establishment of "the Kingdom of God" upon the earth.

222 N. 13th St., Philadelphia.

ALICE GROFF.

The Endless Variety of Phobias.

Editor THE CRITIC AND GUIDE:—

Under the caption: Different Fears or Phobias, in the September issue, there are two errors: Agoraphobia is not the fear of crowds but a dread of open spaces, the opposite of claustrophobia, and aerophobia is a morbid dread of a current of air, and the fear of high places is expressed by the term hypsophobia.

Other phobias are:

Astraphobia,—morbid terror excited by thunder and lightning,

Gynephobia,—dislike of women's society,

Thanatophobia,—morbid dread of death,

Necrophobia,—morbid aversion to dead bodies,

Toxiphobia,—insane dread of poison or of being poisoned,

Phobophobia,—morbid dread of being afraid,

Phobanthropy,—morbid dread or dislike of mankind,

Photophobia,—aversion to light, morbid sensibility of the eye to light,

Psychrophobia,—abnormal dread of cold, especially cold water and morbid sensibility to cold.

Hydrophobia,—unnatural dread of water (its literal meaning),

Hydrophobophobia,—morbid dread of hydrophobia,

Negrophobia,—hatred or dislike of the negro,

Hypnophobia,—morbid dread of falling asleep.

Yours truly,

EDWARD C. RANFT.

Formulas and Prescriptions

Impotence.

Tinct. phosphori. 3 i ss.
Tinct. cantharidis. ...3 iii ss.
Elixir aromatici. q. s. ad 3 v.

Sig.: One teaspoonful three or four times a day, the dose being cautiously increased.

Strychnin. sulph. gr. ss.
Zinci phosphidi. gr. ii
Ferri phosphatis. gr. xx
Auri et sodii chloridi gr. i
Calcii glycerophosphatis. 3 i

Div. in capsul. No. xx.

One three times a day after meals.

Tr. cantharidis. gtt. iii
Tr. ferri chlor. gtt. vii

Three times a day well diluted.

[This simple prescription is often quite beneficial. It is also very useful in the dribbling of urine.]

Incontinence of Urine.

Fluidext. rhus arom. ...3 ss.
Fluidext. ergot. 3 vi
Fluidext. belladonnæ. ...3 ss.
Potassii bromid. 3 ii ss.
Sodii bromid. 3 ii ss.
Strychnin. sulphat. ...gr. i/3
Syr. aurantii cort. ...ad 3 iv

A teaspoonful for a child five or six years old.

Incontinence of Urine.

Sodii benzoatis.
Sodii salicylatis. ...ãã gr. xx
Fluidext. belladonnæ. gtt. ii
Aq. cinnamomi. f 3 ii ss

A teaspoonful four or five times daily.

Gout.

Ex. colchici acetici.
Ex. aloes.
Pulv. ipecac.
Hydrarg. chlor. mitis. ãã gr. i
Ex. nucis vomicæ. gr. ¼
m. f. pil No. xii.

One pill to be taken every four hours until purgation ensues.

Potassii bicarbon. 3 ix
Potassii nitratis. 3 vi
Sodii nitritis. gr. xx
Ft. chart. No. xx.

One in the morning in a large glass of water.

(High arterial tension of gouty origin.)

Lithii benzoat. 3 ii ss.
Sodii phosphat. 3 v
Tinct. colchici rad. ...3 ii ss.
Aque cinnamomi. q.s. ad 3 iv

A dessertspoonful two or three times a day.

Gout.

Potassii iodidi. 3 iv
Linimenti saponis.
Ol. cajuputi.
Ol. carui. ãã 3 ss
Spirit. vini rectif.

q. s. ad f 3 vii

Apply on lint and cover with protective.

Conjunctivitis.

Acid borici. gr. vi
Aq. camphoræ.
Aq. destillat. ãã 3 i

Bathe the eyelids and drop two drops in the eyes three times a day.

Zinci sulphat. gr. ss.
Sodii boratis. gr. ii
Aq. camphoræ.
Aque. ãã 3 ii

Filter.

Two or three drops in the eyes twice or three times daily.

Protargol. gr. xxiv
Aque destillat. 3 i

Cleanse the eyes at frequent intervals with a mild antiseptic solution and then instil a few drops.

Hydrargyri oxid. flav. gr. ii
Unguent. aque rosæ. 3 i

Apply and thoroly rub into the edges of the lids and use the following wash several times a day:

Acid borici.
Sodii boratis. ãã gr. xv
Aque rosæ. 3 ii
Aque destillat. ...q. s. ad 3 i

(In blepharitis marginalis.)

Hydrastin. sulphat.

Acid. boric.
Sodii boratis. ãã gr. v
Tinct. opii deod. 3 ss.
Aq. destillatæ. 3 i

Inject beneath the lids every hour, the eyes being cleansed frequently in the intervals with tepid water and vaselin applied to the edges of the lids.

(For purulent conjunctivitis.)

Dysentery.

Zinci sulphocarbolat. 3 i

Ft. chart. No. iv.

Dissolve one powder in a quart of hot water and inject slowly once a day into the bowel. (When much mucus and pus is present in the stools.)

Quinin hydrochlorid. gr. xxiv

Ft. chart. No. xii.

Add one powder to a pint of warm water and inject into the bowel daily. Subsequently increase to two powders to the pint of water.

Constipation.

Podophyllini. gr. viii

Ext. aloes.

Ext. rhei. āā xlv

Ext. taraxaci. q. s.

Ft. pil. No. xl.

One to four pills at bedtime.

Common (Non-venereal)**Condylomata.**

Acid salicylici.

Spt. vini rec. āā 3 ss

Aetheris. mlxxv

Collodii. 3 ii ss

Apply daily with camel's hair brush.

Corns and Callosities.

Acidi salicylici. gr. vi

Ext. cannabis indicæ. gr. viii

Alcoholis. mxv

Ætheris. mxl

Collodii flex. mlxxx

Apply every evening for eight days, then take a prolonged footbath and remove collodion and corn with a scraper.

Dyspepsia.

Pepsin. gr. v

Bismuth. subnit. gr. x

Strychn. sulph. gr. 1/60

Carbon. ligni. gr. v

Thymol. gr. ¼

M. et ft. chart. No. i.

Tal. Dos. No. xxiv.

One Powder after each meal.

Cerii oxalatis.

Bismuthi subcarbon. āā 3 i i

Bismuthi subgallatis.

Cretæ præparatæ. āā 3 ss.

Carbonis ligni. 3 i

A teaspoonful stirred up in water. (In pain due to hyperchlorhydria.)

Nostrums and Quackery.

Based on articles on the Nostrum Evil and Quackery in *The Journal*

of the American Medical Association, with additions and elaborations. Part I. Quackery. Part II. Nostrums. Part III. Miscellaneous. First Edition. Cloth. Price, \$1; with individual's name on cover, 25 cents extra. Pp. 509, with 220 illustrations. Chicago: American Medical Association, 535 Dearborn Avenue.

Every physician whose patients ask for information regarding the efficacy of certain "patent medicines," advertising specialists or other quack treatments, and every layman who desires information on the same subjects, will find "Nostrums and Quackery" an invaluable volume. This means that practically all the medical men and a large proportion of the public have use for a book of this kind. In the last few years *The Journal* of the American Medical Association has published a number of articles dealing with the "patent medicine" evil and quackery. The book "Nostrums and Quackery" contains all such articles, elaborated in many cases and embellished with numerous illustrations, while in addition it contains some matter never before published.

The book will prove of very great value to the public by saving it from the hands of unscrupulous and ignorant quacks.

Dear Doctor:—The CRITIC AND GUIDE is a splendid monthly and I think it is the most up-to-date Journal we have today. It is doing a glorious work for humanity and every dentist as well as every physician and pharmacist should subscribe for this fearless Journal of individuality.

BERTRAM A. MOYER, D.D.S.

Niagara Falls, N. Y.

Dear Doctor:—About two weeks ago I confined a woman who is the mother of eight children; she is only 29 years old; she is poor; her husband works for 2 dollars per day, and she asked me if I knew some way by which she could keep from again becoming pregnant. I then thought of you, doctor. What to do for this poor woman? She said "I have had enough kids now" and I fully agreed with her and I believe you do the same.

W. E. WALLGREN, M. D.

San Francisco, Calif.

Praised by Some, Blamed by Others, Disdaining the Fools,
Braving the Wicked, I Hasten to Laugh at Everything . . .
for Fear of Being Obligated to Weep.

THE MEDICO-PHARMACEUTICAL

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH. G., M. D., EDITOR.

1 year, \$1.00

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The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

The Editor is responsible for his own opinions only. He always tells the Truth or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth
Than never to tell the truth for fear of making a mistake.

Vol. XV.

NEW YORK, FEBRUARY, 1912.

No. 2.

EDITORIALS AND EDITORIALETTES

THE DIVISION OF FEES.

The question of the division of fees between the physician and the specialist seems to be a burning question in the profession just now. Dr. Leo Jacobi's article and our editorial on the subject in the January issue of the CRITIC AND GUIDE elicited numerous comments, and I would call special attention to Mr. Firmin's paper on the subject in this issue. It is certainly the strongest argument that could be presented for the unequivocal, unconditional abolition of this practice. If anybody still wants the floor in defense of the division of fees, the pages of the CRITIC AND GUIDE are open to him.

THE DEBATE ON VIVISECTION.

The debate on vivisection before the Brooklyn Philosophical Association between Mr. William R. Bradshaw, of the Anti-vivisection Society, and the editor, came off as scheduled, Sunday, January 14. They say that when I got thru with my opponent there wasn't enough left of him to be detected by the most powerful ultra-microscope. Some said I was too hard on my opponent. I have no apologies to offer. Against my opponents as men, against them as personalities I have absolutely nothing and I never refer to them in any personal manner; but against my opponents as representatives of vicious, debasing, anti-social movements I have very much indeed, and I am not going to mince words when discussing their false, ignorant, and sometimes deliberately perverted statements.

The interests of humanity at large are superior to the personal feelings of an individual; and kindly bear in mind, besides, that our opponents when they simply lecture to audiences, that

is when not engaged in any debates, mince no words when speaking of us. They—the antivivisectionists, the so-called drugless healers and the various other quacks and charlatans—travel about the country traducing and blackguarding the medical profession without any regard or consideration for truth, branding us as poisoners, butchers, murderers and “cruel torturers whose hands are dripping with blood” (these are the exact words which my antivivisection opponent applied to the animal experimenters), etc. In short, they attack science and spread falsehood wherever and whenever they can. It is not for us, therefore, to handle them with kid gloves in any debates or discussions. It is time that the people know the truth. All our tactics were wrong, as I pointed out about a year ago. We have permitted these quacks to go among the people and spread their falsehoods and idiotic doctrines without any let or hindrance, because we considered it beneath our dignity also to go among the people and contradict them. But luckily a change has taken place in this attitude of the medical profession; and at least as far as I am concerned, whatever time I have left from my other multitudinous duties I shall employ in going among the people in order to controvert the follies, fallacies and falsehoods of the ignoramuses, obscurantists and quacks. And I shall not be particularly particular about the words I use, provided they are true words.

ANTAGONIZING THE MEDICAL PROFESSION AT AN IMPROPER TIME.

To attack and antagonize two-thirds of the medical profession, practically the entire independent medical press and all contributors to independent medical journals, is a blunder of high degree. At the present time, when we are surrounded by enemies from all sides, when the League for Medical Freedom is increasing its membership by leaps and bounds and is trying to persuade the people that we are a trust and that it is our intention to form a still more powerful tyranny, when the quacks of a hundred and one hues and colors are active as never before, casting discredit upon the regular medical profession, when books depicting alleged chaos and crimes in our midst are meeting with enormous sales, it behooves us to forget little differences and to present a united front to our obscurantist adversaries. Any other policy is at the present time suicidal. If our friend Dr. Simmons of Dearborn Street does not think so, it is due perhaps to the fact that he is losing his bearings. Perhaps he has been working too hard. I believe he needs a vacation. No, not a permanent one, just a temporary rest.

OF ALL PROFESSIONS, PHARMACY ALONE IS ASLEEP.

All professions are waking up. Physicians, dentists, lawyers, clergymen, even the nurses are beginning to take an interest in things other than those belonging to the strict limits of their profession. They are beginning to recognize that besides being

doctors, lawyers, etc., they are also human beings; that besides belonging to a certain profession or trade they also belong to humanity. And they therefore invite prominent men to lecture to them on subjects outside their professional boundaries, on subjects of broad human interest.

Alone of all professions, Pharmacy sleeps. When druggists meet, they discuss such palpitating subjects as the best method of making lime water, how to prepare syrup of senega, how to coat phosphorus pills (which nobody uses), how to make two cents more profit on Lydia's Vegetable Confound or Father John's Nostrum, whether it is best to dress the window with toilet paper or hair soles, or how best to handle stationary, candy, and ice-cream drinks. These subjects are proper subjects for pharmacists to discuss. But why not once in a while, once in a great while, take up some real subject, some topic of broad human interest.

Are you afraid it might hurt you, if you attempt to broaden your mind a little?

AN OPPORTUNIST.

If by opportunist you understand a man who takes advantage of every present *opportunity*, missing none, to improve existing conditions, to enlighten the public, to benefit humanity, to move the world, then please put me down as an unequivocal, frank and open opportunist. And please also permit me to go on record as saying, that I have but the deepest pity for our uncompromising, irreconcilable revolutionaries, who are waiting for the great upheaval, for the great change—and in the meantime do nothing. Neither for themselves nor for anybody else.

AN "ADEQUATE" TREATMENT OF GONORRHEA.

Dr. Thomas Wright Jackson of the Medical Reserve Corps of the United States Army outlines the treatment of fifteen cases of gonorrhea with argyrol, iodine, silver nitrate, various astringent injections and so on. He seems to be very proud of the results obtained by him, because he entitles the paper "The Adequate Treatment of Gonorrhea."

After a careful reading of the article, (*Med. Record*, Dec. 23), we regret to say that the doctor has very little to be proud of. His shortest case was 14 days, his longest case 205 days, while the average duration of the fifteen cases was 85 days. In the fifteen cases he also had three complications, two cases of epididymo-orchitis and one of stricture. In other words, the complications amounted to twenty per cent. When we take into consideration that all the patients, as the doctor tells us, were restricted to the post limits during treatment, and were effectually cut off from alcoholic and sexual indulgence; when we take into consideration that whenever the symptoms were violent the men were excused from all duties or other such activities as drill and athletics; when we take into consideration that some of the patients were also kept in the hospital and enjoyed the benefits of rest in bed and dietary supervision—then the average

duration of 85 days, with twenty per cent complications, does not indicate a method to be proud of or to be recommended to the general profession.

If under similar circumstances we could do no better, we would—well, we would look for another method of treatment. Cases of cures of first gonorrheas in six to eight weeks are not at all rare in the practice of genito-urinary specialists, and this in spite of the fact that the patients have to attend to their business, and can come to the physician for treatment only once or twice, rarely three times, a week. With the patients fully under the control of the physician, and with the physician administering all the treatments, such as is the case with soldiers, no case of gonorrhea should last longer than four to six weeks and there should be no complications.

THE MATERNAL INSTINCT.

Is the maternal instinct more pronounced in the poor and ignorant or in the cultured and civilized? We believe it is more pronounced in the former. At any rate a case like the following would hardly be found among the women of the "Four Hundred."

The case is reported by Dr. S. J. Scadron (*N. Y. Med. Jour.* Sept. 23, 1911). The patient was a woman thirty-one years of age, married thirteen years. She had had one miscarriage and seven children. The first child died eight days after birth, the second was stillborn, the third died soon after birth, the fourth died three days after birth, the fifth also died on the third day after birth. When she was pregnant with the sixth child she decided to have a live child no matter at what cost, and she was delivered by abdominal Cesarean section. The child is now one year and four months old.

One would think that by this time the woman would have had enough, but apparently neither she nor her husband was satisfied, because she became pregnant again. She registered at the Maternity Hospital, and there was considered the desirability of inducing labor in the eighth month to avoid the possibility of another Cesarean section, but she would not consent to any procedure which might endanger the life of the child. And so when normal labor came on and the head of the child refused to engage, and there was danger of the uterus rupturing at the site of the old scar, another Cesarean section was performed and she was delivered of a living child and made an uneventful recovery.

Incidentally this again shows that the fear of our prudes that knowledge of the means of the prevention of conception would depopulate the earth is unfounded. The maternal instinct is still strong enough in the breasts of a sufficiently large number of women to keep the race satisfactorily replenished, the only difference being, as we have said so many times before, that the people would have their children when they wanted them and only as many as they wanted.

ADVERTISING FOR A STENOGRAPHER.

I recently advertised for a stenographer and typewriter (female). Foolishly enough, I gave the address. Never, never again. Before 8 o'clock the bell began to go, and soon it was a continuous uninterrupted ring. When I came down, I was in the presence of a mob. My man told me there were about seventy-five of them. They were in the parlor, they were in the hall, they were on the stairs. In age they ranged from snips of girls who should have been in school, or in the nursery playing with dolls, up to well advanced middle aged women who should have been playing with grandchildren. And they all wanted to work for anything—5, 6, 8 dollars a week; the highest wages or salary demanded was 12 dollars a week. I could not, of course, examine into the qualifications of all the 75 applicants; I questioned a few, made appointments with three and the other 72 went away disappointed, again to hunt for a position, again to haunt the overcrowded offices of the typewriter agencies. A trial given in the afternoon to the three applicants showed that not one of them could take down in shorthand, typewrite or even spell—and I got a stenographer and typewriter elsewhere.

I certainly pitied those girls and women—for some of them were married—but I was not surprised that they were without positions. It is not only that the market is overcrowded, that the demand greatly exceeds the supply, but the truth is that a very large percentage of those applying as stenographers and typewriters are not fit for the position. Some of them might make good calico salesgirls, or manicures, or chambermaids, or cooks, or housewives—in short, something which does not require too much intelligence, but for the position of stenographer, especially in a high class editorial office, they are certainly not suited. Poor things, poor world.

ADVERTISING FOR A COOK.

And having mentioned cooks, it reminds me that some time previous to having advertised for a stenographer, we advertised for a cook. The cook who had been with us for over ten years, had accumulated out of her wages three thousand dollars (\$3000.00), had purchased some little houses in Bridgeport, which went up in value and which she rented advantageously, and is now living as an independent landlord. Do you know how many applicants appeared as a result of our ad? Just one. She was no good, and next month we had to look for another one. And it is right along so. To one hundred applicants for the "professional" positions, you get one applicant for the position of cook or chambermaid. And why is it so? Speaking for ourselves and the people we know, the position is certainly an easy one. The help is treated kindly and considerately, and at the end of the year the cook has more money left than the factory or office girl, for the former has practically no expenses of any kind.

The whole secret is in the odium attached to the position of

household servant. So she is Maggie or Hilda, and as office girl she is Miss Jones or Miss Smith, can have a beau, can go to a dance or to a lecture and is treated like a "lady." Of course, it is possible that in some houses the help is made to work hard and is treated harshly, but we are not familiar with such houses.

It is an anomalous condition, and will remain so until household work has become socialized, if you know what that means.

INSTEAD OF AN EDITORIAL.

Here are a few sentences culled from books which I read or reread recently. A good saying is sometimes worth a whole editorial; particularly if one sees what passes for editorials in our medical journals. These are good sayings and are worth careful pondering and digesting.

—To give birth to a child doomed to unhappiness or incapable of growing up is like crippling someone. It is as much a crime as robbery or murder.—Brieux, in "Maternity".

—She tries to hide behind the sham veil of the prude the frightful isolation of her heart, and to save the credit of *her* feeble charms she condemns as criminal the power *they* do not possess.—Moliere, in "The Misanthrope".

—The cravings of the human soul for glory, fame and power are wholly insignificant in comparison with the cravings of the human stomach for food.—Lester F. Ward, in "Dynamic Sociology".

—The fact should not be forgotten that labor is *not* the natural condition of man. The true power of these social forces can never be understood until we recognize *that work is unnatural and irksome*.—Lester F. Ward, in "Dynamic Sociology".

—No one can be perfectly free till all are free; no one can be perfectly moral till all are moral; no one can be perfectly happy till all are happy.—Herbert Spencer, in "Social Statics".

—The romance of the past is being extinguished by the dull realities of the present.—Herbert Spencer.

—We have time for everything, but we haven't time to live.

The heat and light emanations of radium are tremendous in their intensity and duration. And still they were not sufficiently warming to Mme Curie's poor heart. Curious.

THE EDITOR'S LECTURES.

On February 19 Dr. Robinson will discuss before the Sunrise Club the question of Medical "Freedom" and the National Department of Health. On March 1 he will lecture on "No Marriage License Without a Certificate of Freedom from Disease," before the Harlem Liberal Alliance, but his most important lecture this season will be: "Practical Eugenics: Three Means of Improving the Human Race." This will be delivered March 8 under the auspices of the Dentists' Socialist Society.

THE MEDICAL GUIDE

Valuable Abstracts on Therapeutic Subjects, Interspersed with Diagnostic Points and Interesting Medical and Historical Facts.

The Treatment of Acute Rheumatism.

Complete and prolonged rest in bed is the first requisite in the treatment of rheumatic fever. In addition to its other advantages, this lessens the strain on the heart, which is the point of greatest danger in rheumatism and must be carefully watched for the possible development of endocarditis, myocarditis or pericarditis; at the first sign of any of these complications ice-bags should be applied to the precordia and blisters used, cardiac stimulants and sedatives being of little value.

Local rest should be afforded the inflamed joints by bandaging, splints or casts. Overfeeding must be avoided and the carbohydrates are preferable during the acute stage, but if the patient is left anemic after the acute stage is past, proteids need not be withheld, since it is now known that the acids generated by meats are not the cause of the disease altho they may possibly predispose the system to the infection by the micro-organisms which are its cause.

Salicylic acid and its compounds are the chief remedy. Free salicylic acid is to be avoided because of its irritating effect on the stomach, and the most desirable form of the drug is probably sodium salicylate, well diluted, followed by an equal dose of sodium bicarbonate to neutralize any salicylic acid that may be liberated. In some cases salol (phenyl salicylate) or aspirin (acetyl-salicylic acid) are better tolerated. The sodium salicylate may be given in doses of 15 grains every two hours during the waking day, reducing the amount after 48 hours. Ringing in the ears, cardiac irregularity or gastric disturbance should be met with immediate reduction of the dose or temporary cessation of its administration. After two or three days, as the patient begins to improve, the doses should be reduced to one-half or one-third the former amount, and after a week, if the condition of the patient permits, it is well to discontinue, so that after an intermission the treatment may be resumed with somewhat free doses. Serum treatment has not proved satisfactory, but alkalies are useful as an adjuvant. The best ointments are of methyl salicylate, 10 to 20 per cent., menthol and camphor, 10 to 15 per cent. Hot or cold applications sometimes help to give local relief.

In some cases even the largest safe doses of the salicylate fail to control the pain, and in these cases antipyrin or phenacetin,

3 to 5 grains four or five times daily, can be used; or, if sleep is impossible an opium suppository, morphine injection or 10 grain Dover's powder, when the mild hypnotics are of no avail, may be used.

In the form marked by intense cerebral symptoms and called "cerebral rheumatism," ice-bags to the head, leeches at the back of the neck, venesection, purgation and cerebral sedatives are indicated. Associated with delirium or coma, hyperpyrexia may occur, with a temperature as high as 106° or 109° F. or more, in which case the iced bath and ice-bags kept on the head are imperative, while antipyretics are dangerous even when they cause a fall of temperature.

When the temperature has continued normal for several days and all acute local inflammation has disappeared, the patient may be allowed out of bed, but care must be taken during convalescence, as relapses and recurrences are frequent.

Where the pain is very severe, a combination of the salicylate with a coal tar preparation acts more quickly and more surely. Thus, for instance, a capsule or powder containing sodium salicylate 10 grs. (or aspirin 7 grs.) combined with phenacetin 6 grs, or acetanilid 3 grs. and codeine $\frac{1}{2}$ gr. often acts more beneficially than three times the dose of sodium salicylate taken alone. Colchicine often acts very well. The capsules known on the market as Colchi-sal, containing colchicine dissolved in pure methyl salicylate are a very eligible preparation. Externally painting the inflamed joints with a solution of 1 dram salicylic acid in 1 ounce of alcohol often acts like "magic." After the painting (with a camel's hair brush), the joints should be well wrapped in non-absorbent cotton, with oiled silk or a rubber bandage over the cotton.

Acute rheumatism often leaves the patient very anemic; if this is the case, iron in an easily assimilable form, or iron and arsenic should be administered for a long period.—Good prescriptions for Rheumatism will be found on pages 79 and 80.

Intravenous General Anesthesia.

Dr. Arthur Dodge reports (*Bost. Med. & Surg. Jour.* Dec. 28) favorably on the intravenous method of general anesthesia recently introduced by Prof. Burkhardt of Nuremberg. Three solutions are usually employed: physiological salt solution, physiological salt solution containing 5 per cent of ether, and physiological salt solution containing $1\frac{1}{2}$ per cent isopral. The anesthesia is started with the isopral solution and continued with the ether solution. Anesthesia is induced somewhat more rapidly than by inhalation, and after it is complete the plain salt solution is alternated with that containing the ether according to the depth of anesthesia required. As a rule, less than half the amount of ether used by inhalation is necessary, and the patients usually recover without the vomiting and other customary unpleasant after effects of ether. These solutions are contained

in large burettes, all connected by rubber tubing to a glass cannula, which is introduced into the vein in much the same manner as for the intravenous use of salvarsan. Any superficial vein may be used, but as a rule the median basilic of the left arm will be found the most convenient. Air embolism is avoided by taking care that the solution is running out of the cannula while it is being introduced into the vein, and that the flow is not interrupted. Intravenous anesthesia is indicated in operations about the head and neck, where the presence of the anæsthetist interferes with the operator, in hemorrhage, in weak cachectic patients, and in diseases of the respiratory tract where inhalation anesthesia is objectionable. It is contra-indicated in nephritis, extreme arteriosclerosis, severe heart lesions, and plethoric patients. Dr. F. J. Cotton points out in a note, however, that in cases where bleeding into the pharynx is expected the insufflation method with a tracheal tube is preferable.

Ninety Pound Ovarian Cyst.

The removal, with good recovery, of a parasitic multilocular ovarian cyst weighing ninety pounds from a woman sixty-three years old is reported by Dr. P. E. Truesdale (*Bost. Med. and Surg. Journal*, Dec. 28). The patient had had nine children and passed the menopause uneventfully twelve years ago; the history showed no pathological antecedents of importance but the patient had noticed an enlargement of the abdomen for many years, culminating in acute symptoms in 1906, after which there was a steady increase in the size of the abdomen and the patient was unable to stand without assistance. The day before its removal the tumor was tapped and 25 lbs. of clear, viscid fluid withdrawn.

The features of interest were: (1) The adhesions of the omentum thru which large vessels communicated with the upper portion of the tumor. (2) Vascular adhesions to the peritoneum on the under side of the costal arch extending upward to the diaphragm. (3) A pedicle about two inches in length, no larger than the little finger, rotated about half a circle and having its origin in the right broad ligament. Examination of the tumor showed it to be a sac of an ovarian cyst, which measured 40 cm. x 28 cm. x 16.5 cm. and weighs 17 lb. Section showed the tumor to be made up of many cysts of varying sizes, the contents of which were gelatinous.

The history of acute symptoms in 1906 was probably due to a partial rotation of the pedicle with degenerative and inflammatory changes at the fundus resulting in the formation of adhesions and a collateral blood supply.

The frequency with which ovarian cysts are found with twisted pedicles emphasizes the tendency of these smooth and elastic tumors to rotate. There can be all degrees of rotation, from a slight twist which corrects itself to a complete strangulation.

Antiseptics or Germicides.

Dr. R. P.—The question as to superiority of antiseptics over germicides in surgery or vice-versa is far from being a settled one. But the majority of surgeons of the present seem to be more in favor of antiseptics. The following excerpt from a discussion following the reading of a paper by Dr. Robert T. Morris (*Am. Journ. Obstetrics*, Dec. 1911) is a propos your question. Among other things Dr. Morris said:

"As to the question of using an antiseptic instead of a germicide, it is a very important one... The beef trust taught us surgeons a lesson. We know that many of our actual germicides not only injured bacteria but injured cells in such a way that repair was often delayed. We have later come to know that we do not need actual destruction of bacteria, but what we need to have is an inhibition of the development of bacteria and the body cells and control the field, and it is this control of the injured cells that we get better under an antiseptic which is not a germicide, than we do with a germicide which may destroy these cells which are to protect the patient or to carry on repair. The beef people showed us that a very minute quantity of benzoate of soda or of boric acid or borax would inhibit the development of bacteria in their beef, and to such an extent that we must take our cue from the beef people in much of our new surgery to-day. I have experimented with a number of antiseptics recently, in cases of burns particularly, and I find that benzoate of soda, boric acid, and one of the proprietary preparations, namely, oxysulpho-chinolin, the trade name of which is chinisol, are very useful. I have experimented with a number of these antiseptics which are not germicides, and find that we have much better results with them than if we used germicides in most of our cases."

Stimulation of Labor Pain by Pituitrin.

Stern (*Zent. f. Gyn.*, 1911, 31) has used pituitrin in 3 cases for the purpose of starting labor. The first patient required induction of labor at the 36th week for laryngeal tuberculosis. The first injection of .6 c. c. was followed in 20 minutes by pains which increased in intensity with 5-minute intervals and lasted 2 hours. The following morning a second injection gave a similar result. The third morning, two injections were given with an interval of 2 hours and rhythmic pains ensued. Twin children were born in 7 hours.

The second patient had severe nephritis, and labor was induced at the 39th week for impending eclampsia. Six injections of 0.6 c. c. and one of 1 c. c. were given in 4 days, and a healthy child was born. The third patient had labor induced at 32 weeks, and seven injections of 1 c. c. were followed by weak and ineffectual pains. On the fourth day, a bag was introduced and remained 6½ hours without effect, but an injection of 1 c.c.

pituitrin excited strong pains in 4 minutes. Stern states that the contractions even after 3 c. c. are never of the tonic type.

[Dr. Ellice McDonald has also used pituitrin, 1 c. c. hypodermically in 3 cases of induced labor at or near term for large baby or moderate contraction of the pelvis. It was preceded in each case by introduction of the de Ribes bag. In two cases, uterine contractions started with a short interval and, in the third, within 2 hours. The pains persisted and were rhythmic].

Puerperal Infection with Diphtheria Bacillus.

Bourret (*L'Obstétrique*, Oct., 1911) reports a case of this rare form of infection and gives details of 32 others occurring in an epidemic in the clinic Baudelocque. In all 42 cases are collected. The cases were distinguished by the greater thickness and firmness of the membrane, therein differing from the pseudodiphtheritic puerperal infection. Paralysis of the sphincters was not uncommon and there was great prostration and hebetude. The glands were frequently enlarged. Only one death occurred in the 42 cases. The treatment must include diphtheritic antitoxin. Mixed infections are not uncommon.

Bismuth-Iodine Paste in Discharging Sinuses.

After unfavorable results with Beck's bismuth paste, and other methods usually employed, in cases of discharging sinus following operation for carcinoma of the breast, Dr. L. D. Green (*Cal. State Jour. of Med.*, Dec.) incorporated in the paste tincture of iodine, with the result that the sinus closed in ten days after three injections. He has since used it in a number of other cases with equally good results.

The formula used is as follows:

Bismuth Subnitrate	30.0
Vaselin	60.0
White Wax	5.0
Paraffin	5.0
Tincture of Iodine.....	2.0

The iodine should be added after the other ingredients have been thoroly mixed and the paste well stirred whenever used.

As there is a possibility of absorbing too much iodine where the amount of paste used is large, the proportion of iodine may be reduced accordingly in such cases.

Treatment of Uterine Hemorrhage.

Veit says (*Deut. Med. Woch.* Oct. 26) that slight uterine hemorrhage due to the presence of a myoma should be treated expectantly if possible, recommending rest during menstruation, intake of large amounts of fluid, avoidance of local injury, and plenty of exercise during the intervals. Interstitial myomas should be treated with Roentgen rays; if this fails or the growths are large, he advocates hysterectomy, but all hemorrhages due to polypous or submucous myomas should be treated by resection,

retaining if possible the body of the uterus. He warns that an inflammatory process in a tube contra-indicates active local measures on the uterus. Protracted menstrual hemorrhage in girls suggests the possibility of abnormal irritation of the sexual organs; the increasing use of measures to prevent conception may be responsible, he adds, for the increasing number of climacteric hemorrhages of ovarian origin.

New Formulas.

The following are some of the new formulas that have been suggested for inclusion in the forthcoming edition of the National Formulary. The Committee is desirous of having them thoroly tried by pharmacists in different sections of the country so as to avoid, as much as possible, unfavorable comment after the final publication of the book. Comments and criticisms based on practical experiences will be welcome.

*Liquor Sodii Chloridi Physiologicus.**

Physiological Sodium Chloride Solution, Normal Saline Solution, Isotonic Salt Solution.

Sodium Chloride 8 gm.

Water, recently boiled and preserved in a sterile container, a sufficient quantity to make 1000 Cc.

Dissolve the Sodium Chloride in the water, filter and again sterilize by exposure to the heat.

Aqua Phenolata.

Phenolated Water. Carbolic Acid Water.

Liquefied Phenol 20 Cc.

Distilled Water 980 Cc.

Liquor Pepsini Antisepticus.

Antiseptic Solution of Pepsin. Physol.

Pepsin 50 Gm.

Menthol 0.5 Gm.

Eucalyptol 0.5 Cc.

Oil of Betula.....0.5 Cc.

Alcohol 10 Cc.

Glycerin 50 Cc.

Diluted Hydrochloric Acid..... 20 Cc.

Purified Talc 50 Gm.

Distilled Water, a sufficient quantity to make 1000 Cc.

Dissolve the Pepsin in 800 Cc. of Distilled Water, add the diluted hydrochloric Acid and Glycerin. Then dissolve the Menthol Eucalyptol and Oil of Betula in the Alcohol, mix this liquid with the pepsin solution and add sufficient Distilled Water to make the product measure 1000 Cc. Finally mix the Purified Talc with the solution and filter, returning the first portion of the filtrate until the liquid is clear.

* By the way, how many journals printed: *Liquor Sodii Chloridi Physiologica!* Some of our editors should brush up on their Latin.

Liquor Picis Carbonis.

Liquor Carbonis Detergens. Coal Tar Solution.
 Coal Tar 200 Gm.
 Quillaja in No. 20 powder.....100 Gm.
 Alcohol, a sufficient quantity to make....1000 Cc.

Mix the Coal Tar and Quillaja with 700 Cc. of Alcohol and macerate during seven days in a closed vessel with occasional agitation. Then filter and wash the contents of the filter with a sufficient quantity of Alcohol to make the product measure 1000 Cc.

Oleum Ricini Aromaticum.

Aromatic Castor Oil.

Saccharin 0.5 Gm.
 Oil of Cinnamon.....1.5 Gm.
 Vanillin 1 Gm.
 Cumarin 0.1 Gm.
 Alcohol 40 Cc.
 Castor Oil, a sufficient quantity to make..1000Cc.

Dissolve the Oil of Cinnamon, Saccharin, Vanillin and Cumarin in the Alcohol and all the Castor Oil and mix thoroly.

Pilulae Digitalis, Scillae et Hydrargyri.

Pills of Digitalis, Squill and Mercury. Niemeyer's Pills for Dropsy. Guy's Pills.

Digitalis, in fine powder.....6.5 Gm.
 Squill, in fine powder.....6.5 Gm.
 Mass of Mercury.....6.5 Gm.

Thoroly mix the Digitalis and Squill, add the Mass of Mercury and make into a mass by the addition of sufficient Clarified Honey. Divide this into 100 pills.

Pilulae Opii, Digitalis et Quininae.

Pills of Opium, Digitalis and Quinine. Niemeyer's Pills for Phthisis.

Powdered Opium 1 Gm.
 Digitalis, in fine powder.....6.5 Gm.
 Quinine Sulphate 6.5 Gm.

Mix the ingredients thoroly and make into a mass by the addition of sufficient Clarified Honey. Divide this into 100 pills.

Syrupus Papaveris.

Syrup of Poppy Capsules.

Poppy Capsules, deprived of seed and in No. 20 powder 100 Gm.
 Sugar 850 Gm.
 Distilled Water, a sufficient quantity to make 1000 Cc.

Loosely pack the ground Poppy Capsules in a suitable percolator and gradually pour boiling Distilled Water till the drug is exhausted. Heat the percolate to boiling for two minutes, then concentrate on the water bath to 500 Cc. in which to dissolve the Sugar. Add sufficient Distilled Water to obtain 1000 Cc. of

product. Strain while warm and bottle at once. Syrup of Poppy Capsules should be kept in small vials completely filled and stored in a cool place.

Syrupus Ammonii Hypophosphitis.

Syrup of Ammonium Hypophosphite.

Ammonium Hypophosphite	32.5 Gm.
Diluted Hypophosphorous Acid.....	2 Cc.
Distilled Water	100 Cc.
Glycerin	100 Cc.
Compound Spirit of Vanillin.....	2 Cc.
Syrup, a sufficient quantity to make.....	1000 Cc.

Dissolve the Ammonium Hypophosphite in the Distilled Water, add the Diluted Hypophosphorous Acid, filter and then add the glycerin, Compound Spirit of Vanillin and sufficient syrup to make the product measure 1000 Cc.

Tinctura Opii Crocata.

Tincture of Opium with Saffron. Sydenham's Laudanum.

Granulated Opium	100 Gm.
Saffron, in No. 20 powder.....	25 Gm.
Saigon Cinnamon, in No. 60 powder.....	6 gm.
Cloves, in No. 30 powder.....	6 Gm.
Diluted Alcohol, a sufficient quantity to	

make

1000 Cc.
Triturate the drugs in a mortar with an equal bulk of clean sand, then rub them to a smooth paste with a portion of the diluted alcohol and transfer the mixture to a percolator in which has been placed a plug of purified cotton and which is tightly stoppered. Rinse the mortar with a portion of the diluted alcohol and transfer the washings to the percolator. Add sufficient of the menstruum to leave a stratum of liquid above the drugs, cover the percolator and allow it to macerate for two days and then percolate until 1000 Cc. of Tincture is obtained.

Tinctura Sabalis et Santali.

Tincture of Saw Palmetto and Santal.

Sabal, granulated or crushed in No. 16	
powder	200 Gm.
White Sandal wood, in No. 60 powder....	65 Gm.
Alcohol	

Water, of each a sufficient quantity to make

1000 Gm.

Mix the Sabal and Santal Wood and moisten the mixed drugs with a sufficient quantity of a menstruum composed of Alcohol four volumes, Water one volume, and then pack firmly and evenly in a cylindrical percolator and pour on enough of the menstruum to saturate the drugs and leave a stratum of liquid above them. When the liquid begins to drop from the percolator, close the lower crifice, cover the percolator and macerate for two days. Then allow the percolation to proceed, slowly, pouring on more of the same menstruum from time to time until 1000 Cc. of Tincture is obtained.



The Indispensableness of Animal Experimentation and the Immorality and Cruelty of Antivivisection.

BY WILLIAM J. ROBINSON, M.D., NEW YORK.

VIVISECTION A MISNOMER.

At the very outset I will say that I object very strongly to the name vivisection, because the name is false, and in spite of being false is the chief asset of the antivivisectionists. What's in a name? Very much. It has always been my opinion that a great part of opposition to animal experimentation is due to the name, vivisection. Vivisection means dissecting or cutting up alive. This instantly calls up an unpleasant, a painful picture. As a matter of fact, the name is a misnomer. Out of a thousand experiments performed on animals nowadays, there is barely one or two that require the cutting up of the living animal; where it is necessary, it is done generally under anesthesia, and the animal is killed before it comes out of the anesthetic, so that at no time does it feel any pain. Most of the experiments performed nowadays consist in hypodermic or intravenous injections, in vivisection, in a study of the processes of metabolism, etc., and the name vivisection should be discarded. We should use the term animal experimentation, or if one word be desired I would suggest the term viv experimentation. That means experimenting with living beings, and expresses just what it should express.

ANTIVIVISECTION IRRATIONAL.

Is vivisection or animal experimentation immoral and unscientific? The antivivisectionists say it is. It is my task this afternoon to show you, to prove to you, the contrary. I shall prove that not only is vivisection not immoral and not unscientific, but that it is both moral and highly scientific. I shall do more than that. I shall prove that it is indispensable. I shall prove that without vivisection or animal experimentation progress in medicine in its broader sense, i. e. any further progress in the prevention, alleviation and cure of disease and prolongation of human life would become impossible. I shall prove that many or some of you that are here to-day would perhaps be resting in your graves, if not for animal experimentation. If I succeed in proving this beyond any doubt, cavil, question, or dispute, then it will become clearly apparent that antivivisection is immoral, irrational, cruel and unscientific. For you will agree that these are the only terms we can apply to a movement which has for its object the hindrance of any progress in the prevention and cure of disease and the prolongation of human life.

Delivered before The Brooklyn Philosophical Association, Jan. 14, 1912.

In every discussion, in every debate certain basic principles must be agreed upon, certain terms must be defined, explained and borne in mind. Otherwise the discussion is a waste of time, no satisfactory conclusion can be arrived at, confusion becomes more confused, chaos more chaotic.

And so in this discussion, if I succeed in proving to your satisfaction that thousands and thousands of human lives are saved annually as a result of vivisection or animal experimentation, if I prove that without vivisection further progress in medicine is impossible, I shall consider that I have proved my points satisfactorily. For with the person who maintains that even if experimentation *does* save tens of thousands of human lives, it is nevertheless immoral, I have nothing to do; I have nothing to say to such a person. Such a person is in my opinion an irrational being, and is outside the pale of rational discussion. We would never understand each other and all argument would be worse than waste of time and effort. Nor will I address myself to those antivivisectionists who are meat eaters and who wear skins and furs of animals and the feathers of birds. For people who will object to experimentation on animals under anesthesia for the purpose of curing disease and will not object to the brutal killing of animals by the hammer, knife or bullet for the purpose of satisfying their appetite or their vanity are beneath contempt. They are so muddled in their heads and in their hearts that they are not worth arguing with.*

MEANING OF THE WORDS MORAL AND IMMORAL.

As to the meaning of the words moral and immoral, my definitions of those words are very simple: Everything that contributes to the health, welfare and happiness of the human race is MORAL, everything that hinders the health, welfare and happiness of the human race, or that contributes to the ill-health, misery and unhappiness of the human race, is IMMORAL. And if we accept those definitions, I will have no difficulty in proving that vivisection or vivexperimentation is moral, and antivivisection immoral.

THE REMARKABLE REDUCTION OF THE MORTALITY IN DIPHTHERIA.

I could take a dozen diseases, the mortality rate of which has decreased within the last few years as a direct result of animal experimentation, but two or three will suffice. I will take the diseases about which there can be no dispute, no discussion. One *must* admit that their mortality has decreased enormously, unless one wants to lie deliberately.

We all remember what a sickening terror the word diphtheria used to send into the hearts of mothers, fathers and every other member of the household. We physicians who practiced say twenty years ago, remember with what tense anguish and anxiety the mothers used to watch our faces while we were examining a child's throat, and hang on our lips to hear the diag-

* See, Lady, Fair Lady, on p. 80.

nosis. "What is it, doctor, is it just a sore throat, or is it diphtheria?" And the expressions on their faces were pitiful to behold when the truth compelled us to say: diphtheria. For diphtheria at that time was a terrible disease, and only too frequently did it mean a visit from the angel of death. No wonder the name of that disease used to strike terror into the hearts of mothers of men. Now the name of the disease has a much milder sound, not because the disease is milder, but because we have a much more effective method of treating it, so that the mortality rate of to-day is much lower than it was formerly. That more effective method of treating diphtheria consists in the employment of anti-diphtheritic serum, commonly known as antitoxin. In the discovery of antitoxin a greater advance was made in medicine than was made in a thousand years previously. And this beneficent discovery, which saves every year tens of thousands of little tots from the jaws of grim death, would have been absolutely impossible without animal experimentation.

But perhaps I am going too fast. I have asserted that the mortality rate from diphtheria is much lower than it was, but I have not proved it yet. Of course, we all have the general impression that it is so, but general impressions are dangerous things. In all my writings and addresses I preach against depending on general impressions as arguments in scientific discussions. In scientific discussions we want facts, definite, unassailable, incontrovertible facts. And I will give you facts which only the hopelessly strabismic, the viciously pervert will dare to question or assail. And I am not going to take the statistics of one or two years; for in this case our opponents could object—tho without any proof—that the reason the mortality rate was lower is because the disease was of a milder type. But when we see the mortality rate under antitoxin diminishing year after year, when we compare a period of ten or fifteen years of the pre-antitoxin days with the same period of the post-antitoxin days, then we cannot help being convinced that the discoverers of antitoxin are among humanity's great benefactors.

INCONTROVERTIBLE STATISTICS.

Here are some of the statistics.

We will take New York just thirty years ago, namely the year 1881; that was a bad year and the deaths from diphtheria per 100,000 were 264; do you know what the deaths per 100,000 were the year that has just closed, namely 1911? Twenty-eight! (or to be exact 28 and a half). Just think of that terrible difference—264 thirty years ago, and 28 now! Immediately with the introduction of antitoxin there was a diminution in the death rate, in spite of the fact that the antitoxin was not as pure and concentrated as it is now, and we were not so familiar with the dosage to be used, etc. In 1894 the deaths per 100,000 numbered 158, in 1895, the year of the introduction of the antitoxin, the number fell to 105, and from that time on the fall has been almost constant and steady. In 1896 the deaths per 100,000

were 91; in 1897, 81; in 1898, 96; in 1899, 53; in 1900, 62; in 1901, 58; in 1902, 53; in 1903, 56; in 1904, 57; in 1905, 38; in 1906, 39; in 1907, 40; in 1908, 41; in 1909, 39; in 1910, 37; and in 1911, as I have already mentioned, 28.5! In other words, the mortality from diphtheria in New York since the introduction of antitoxin has been diminished 80 per cent., or reduced to about one-fifth of what it was! In other words, the introduction of antitoxin saved in New York City alone the lives of about 50,000 children, some of whom are perhaps in this hall now, and who without antitoxin would now be in their little graves.

In Chicago we have the same results. For the fourteen years prior to the introduction of antitoxin, the average mortality per 100,000 was 136; in the fourteen years subsequent to the introduction of antitoxin the average mortality per annum per 100,000 was just 36! A reduction of 73 per cent!

In order to show that this general reduction of the mortality of diphtheria has been universal, thruout the world, I will present a table which gives the combined statistics of deaths and death-rates from diphtheria and croup in New York, Brooklyn, Boston, Pittsburg, Baltimore, Philadelphia, Berlin, Cologne, Breslau, Dresden, Hamburg, Konigsberg, Munich, Vienna, London, Glasgow, Liverpool, Paris, Frankfurt, for the five years prior to the introduction of antitoxin and the ten years subsequent to its introduction:

Year	Population	Deaths from Diphtheria and Croup	Deaths Per 100,000
1890	16,526,135	11,059	66.9
1891	17,689,146	12,389	70.0
1892	18,330,737	14,200	77.5
1893	18,467,970	15,726	80.4
1894	19,033,902	15,125	79.9
1895*	19,143,188	10,657	55.6
1896	19,489,682	9,651	49.5
1897	19,800,629	8,942	45.2
1898	20,037,918	7,170	35.7
1899	20,358,857	7,256	35.6
1900	20,764,614	6,791	32.7
1901	20,874,572	6,104	29.2
1902	21,552,398	5,630	26.1
1903	21,865,299	5,117	23.4
1904	22,532,848	4,917	21.8
1905	22,790,000	4,323	19.0

In other words, in these various cities, situated in various climates, in various portions of the globe, with the people living under various social and economic conditions, we have a gradual fall from 66.9 to 19!

* Introduction of antitoxin treatment.

TRACHEOTOMY AND INTUBATION NOW SELDOM PERFORMED.

Dare anyone still doubt the potency of antitoxin? An additional proof, if additional proof be needed, of the beneficent life-saving effect of antitoxin will be found in the following facts, which will be corroborated by any physician of any experience. In the pre-antitoxin days, the diphtheritic membrane would often spread and extend into the child's larynx and windpipe, and the child would then choke, choke as horribly and painfully as if you pushed a handkerchief down, or as if you took it by the throat and strangled it. The labored breathing, the ashen face, the glassy eyes—it was a most painful sight to witness, and the physician who was unfortunate enough to have many cases of laryngeal diphtheria or true diphtheritic croup, will not forget these scenes to the end of his days. The only chance there was to save the child from certain and often immediate strangling was to perform the operation of tracheotomy; that is, cutting open the trachea and inserting a silver tube, thru which the patient could breathe; but the percentage of recoveries after this operation was not very great. A New York physician, Dr. O'Dwyer, then perfected a set of tubes of different size, according to the children's different ages; and one of these would be inserted in the larynx, and thru it the little patient would be enabled to breathe until recovery or death. This method of intubation, as it is called, did save many lives and became a well recognized procedure. Courses on intubation were given in the various post-graduate colleges and hospitals, and some physicians who were particularly skilful in intubating children, made a kind of specialty of it, which added considerably to their income. I know personally a number of such specialists. Now no courses on intubation are given in the colleges, the intubation specialists have not had a case to intubate in years, and their intubation sets are resting and rusting in their leather cases. One of the most dextrous of the intubation specialists told me that he hoped he would never again be called to intubate a child, because he feared he would not know how to do it. Why is this so? Because antitoxin, if administered early, as it always should be, cuts the disease short, makes the membrane disappear from the throat and thus prevents its extension into the larynx and windpipe.

And without animal experimentation, I emphasize, there would have been no antitoxin. For the discovery of the diphtheria bacillus, which was the first step in the discovery of antitoxin, and the discovery of the antitoxin itself were the direct results of animal experimentation, and the production of antitoxin cannot be accomplished without animals, without some slight discomfort to the poor horses.

THE DISCOVERY OF SALVARSAN OR 606.

We will now take a disease which has caused untold misery to humanity for several centuries; a disease which in its protean and universal manifestation has no equal; a disease which is present in every clime and mows down its victims in every season;

a disease which attacks every organ and tissue in the body from the least important, as the hair and finger nails, to the most important, as the heart and brain; a disease which spares neither king nor peasant, neither multimillionaire nor wage-slave; a disease which inflicts its horrors on the so-called guilty and innocent alike; a disease which is responsible for more physical degeneration, more insanity, more idiocy and feeble-mindedness, more invalid and disfigured wives, more barren marriages, more involuntary abortions, more stillbirths, more puny children that die in early infancy or grow up to curse the day they were born; a disease, in short, which more than any other disease is a menace to both the individual and the race. You have guessed, of course, by this time that I am referring to syphilis, a disease the name of which up to four or five years ago could not be pronounced before a lay audience, in spite of the terrible havoc it was working among the human race.

Well, we have learned more about this disease in the last six years than in the previous six hundred years. Up to six years ago we did not know the cause of syphilis, we did not have a definite scientific test for its diagnosis, and we did not have any remedy which could, under favorable circumstances, destroy all the spirochetæ at one blow. Within the last six years we discovered definitely and positively the germ that causes syphilis, namely the *spirochæta pallida*; we discovered a test by which we can say whether the disease is still present in a person's blood or not, the Wassermann reaction; and we discovered a potent drug which has a most powerful effect on the germ of syphilis and on the manifestations of the disease, namely Ehrlich's 606 or salvarsan. And with these three discoveries syphilis has lost for us much of its old-time terror, and is much more amenable to treatment than it was formerly. Many cases of syphilis which were refractory to mercury, now respond to treatment by salvarsan alone or the combined treatment by salvarsan and mercury. It is impossible to estimate how much sickness is being prevented or curtailed by these discoveries. And what has made these discoveries possible? Nothing but animal experimentation. Without the latter they would have been *absolutely* impossible.

And if those who ignorantly or stupidly jeer at and malign the animal experimenters knew them more closely, knew how unselfishly devoted they are to their ideals, which are the furtherance of knowledge and the saving of human health and life, knew how unremittingly, how unceasingly they toil day and night—this is not merely a figure of speech, but the truth, for very often in the midst of an experiment they will pass the entire night without sleep, watching the animals, etc.—in the attempt to wring from nature her closely guarded secrets, and all this for a pitiable financial reward, they would be so heartily ashamed of themselves that they would do penance and wear sackcloth and ashes the rest of their lives; perhaps some of them, in utter disgust at their baseless and vicious slanders, would commit hari-kari.

The temptation is very great to spend some time on the subject of malaria and yellow fever. To show you how by patient, painstaking experiments in which the doctors themselves offered themselves as subjects for the experiments, the real causes of malaria and yellow fever were discovered; and how hundreds of thousands of acres of land uninhabitable before became not only inhabitable but sanitary places of abode. I should like to refer to the Panama zone, which was so deadly that when people used to go there they generally used to make out their wills beforehand and which has now the mortality rate of a summer resort. I should like to devote some time to show you how, thru experiments on animals, we are now able to perform some of the most delicate operations on human beings, and that but for the experiments on animals we would have to get our experience on you—which you certainly would not like. I should like to refer to the wonderful achievements we are making, as a result of animal experimentation, in the transplantation of organs from one animal to another, but the time is short, the subject is too large to be covered in one lecture anyway, and therefore instead of telling what we have achieved I will pass to a disease in which everything remains to be achieved.

THE TERRIBLE DISEASE—CANCER.

Let us now take a disease which is still baffling us, and which still claims a horrible toll in sickness, pain and death.

It is just as well to state plainly and clearly, so that everyone may hear it and understand it, that empiricism has reached its limits. We can no longer expect to make progress by guessing, by experimenting with unknown drugs on healthy or sick people. By a lucky accident we may once in a great, great while discover some valuable drug or some new properties in an old drug, but we cannot expect to make progress that way. If we wish to make progress in chemistry, electricity, physics, in any of the industrial arts, we do not wait for chances or accidents. We try, we try, we try and we experiment, experiment, and experiment again. The wonderful progress in the sciences, the progress that is so rapid that it is becoming hard to keep pace with it, is due to one thing: experiment. And we have come to the recognition of the fact that if we wish to make progress in medicine we must use the same means that we use in all other sciences: namely experiment. And as we cannot experiment with unknown substances or untried procedures on human beings, we are forced to reproduce the diseased conditions as well as we can in animals, and experiment with them. Let us illustrate by the tragic example of cancer. In pain and sorrow we are constrained to admit that we have no internal cure for cancer, even no palliative. We have no drug, no chemical which when given internally will in any way influence the course of true cancer for better or worse.

And I will say here that whoever advertises or tells you that he can cure cancer by some internal remedies, by some medicine taken thru the mouth, or dropped into the eye (there is a

wretched fraud who makes such a claim), or rubbed into the skin, is a knave, a swindler, and a liar. Of all the quacks the cancer quacks are the most heartless, the most conscienceless, the most wretched; they are the lowest scoundrels in all quackdom. They work on the sufferings, depression, misery and hopelessness of the most pitiable of victims, to extract the last cent from them.

In some superficial cancers caustic pastes, the Roentgen rays, radium, Coley's fluid, etc., are of some service, but the knife is still the best means at our disposal; but it is not a satisfactory or radical remedy, for recurrences are frequent, and the cancer becomes metastatic in different parts of the body, and then nothing can be done for the patient. While in internal cancers, like that of the womb, stomach, etc., the only recourse we can have is to the knife, and that as a rule means only a temporary prolongation of life.

So what shall we do? Shall we fold our arms, bow our heads, admit our helplessness and do nothing? Not as long as we are rational human beings, with a burning, unquenchable desire for knowledge, with pity and sympathy for human suffering. We have wrested many secrets from nature which it was thought would remain buried forever in the deepest recesses of her womb, and we shall yet have the secret of the causation, the prevention and the cure of cancer. Hundreds of workers throughout the world, here in this country, in Germany, in France, in Italy, in Japan even, are devoting their lives to the unraveling of the cancer mystery, and to the discovery of a cure for this terrible malady. And in this investigation tens of thousands of mice are being shamelessly sacrificed. Yes, weep bitter tears, my antivivisection friends, for in the search for a remedy for cancer tens of thousands of poor little mousies, white and black and brown, but chiefly white, are inoculated with cancer and then various remedies are tried on them. Some of the remedies kill the poor mice, while some make the cancerous tumors disappear, and the mice get well. Only a week ago the cables brought the news of a new compound, experimented on by Wassermann, which gave very good results in mouse cancer. In many cases the tumors disappeared completely. Of course, the remedy has still to be tried on human cancer, and while we have to be careful in drawing conclusions from lower animals to human beings, and while we have to be very skeptical about the announcements of new cancer cures, still when a man of Prof. Wassermann's standing and achievements—it is the same Prof. Wassermann who elaborated the very complex serum test for syphilis—reports progress, it behooves us all to listen with respectful attention. He does not go with papers before medical societies or rush into print unless he has something to say that it worth while.

And by the way, speaking of mice reminds me that only yesterday's papers (January 6) brought the news of the death of

Prof. Simon of Zurich, a son-in-law of the famous Socialist August Bebel, who was bitten by a mouse on whom he experimented and thus got blood poisoning. Our unbalanced antivivisectionists will see in this death of a hard-working scientist a kind of poetic justice. In my eyes, Prof. Simon's name should be engraved on the roll of immortal martyrs, martyrs to science and the health and happiness of humanity. We have quite a long list now of such martyrs.

ARE THE ANIMAL EXPERIMENTERS CRUEL?

The antivivisectionists accuse the animal experimenters and their sympathizers of cruelty, brutality, and lack of sensibility. All we can do with such an accusation is to brand it as a cruel slander. The vivisectionists I know are gentle, tender, sensitive and refined men, who would no more think of inflicting unnecessarily the least pain on any living creature than they would think of getting into a street brawl with some drunken loafer. One is as foreign to their nature as the other. Whenever and wherever pain can be avoided by the administration of anesthetics, it is done invariably; if it cannot, the experiment is performed as mercifully as possible; and always with one object in view—the advancement of knowledge and consequently the prevention and cure of disease, the alleviation of pain, the prolongation of human life.

I do not know whether or not you are interested in my personality; but I can assure you that in spite of my strenuous defense of vivisection, I am as strenuously opposed to cruelty to animals as any zoophilist can be. Needless pain inflicted upon any of the higher animals will quickly bring tears to my eyes. We have a little female yellow dog whom we took into our house because nobody else wanted her; she is a silly dog, but full of affection. Her intrinsic value is five cents, but we would not take five thousand dollars for her if somebody wanted to subject her to useless cruelties or harsh treatment. But if it came to the point of saving a human life, or even to the solving of an important scientific question, I would sacrifice our poor, good Nina without any hesitation. And that is where the difference comes in between the rational lover of animals and the man or woman afflicted with the zoophil psychosis. We love animals and pity them and are kind to them, but we recognize that at all times human life is immeasurably more important than the life of an animal. We say, a thousand frogs or mice or rabbits or guinea pigs or cats or even dogs to save the life of one man, woman or child! while the neurotic, hysteric antivivisectionists say: what care we for men, women or children; let them go to damnation—only leave our dumb animals alone.

INGERSOLL AND BERNARD SHAW.

My antivivisectionist friends often throw at me the names of Ingersoll and Bernard Shaw. Here, they say, are men whom you like and respect and not infrequently quote. You certainly

cannot call them stupid and uneducated; and still, look how opposed those men are to vivisection. Well, my friends, this simply shows, what I said so many times before, that a man may be very great in one line of human activity and very small, very stupid in another line. A man may be a great freethinker and a very poor political economist; a man may be a great surgeon or even bacteriologist and as superstitious as a sailor in matters of religion; a man may be a great financier, a shrewd and hard-headed business man, and as full of superstition as a Southern darkey; a man may be a great dramatist and be utterly silly in questions of pure science; why, in this country we have even a successful dramatist, Mr. Charles Klein, who publicly places himself in the class of brainless imbeciles by confessing that he is a follower of and believer in that cult of fraud and idiocy miscalled *Christian Science*. Yes, we have peculiar combinations, in this country particularly. For instance, we have freethinkers, Socialists and Anarchists, people who are supposed to be able to think rationally and critically, but who on the subject of medicine, say, are on a par with the most ignorant darkey washerwoman; for they print the worst quack advertisements in their papers, consume quack patent medicines, and go for treatment to the commonest and most vulgar charlatans, the most impudent quacks and ignoramuses.

So you see, because a man is eminent in one department of human thought or activity it does not follow that his opinion is of any value in another line of human activity which is entirely foreign to him. Nobody is more fully aware than I am of the great services to humanity, to human free thought, rendered by Robert Ingersoll and Bernard Shaw; but when it comes to their opinion on vivexperimentation, it is of no more value than would be the opinion of a street-sweeper. Neither the great Ingersoll nor the clever Bernard Shaw had a scientific training; neither of them understand the principles underlying modern scientific research and neither has had a right to pronounce an opinion on the subject. Bernard Shaw has never handled a microscope, has never watched the life cycles of the bacteria and protozoa, has no idea of the whole theory of vaccines and antitoxins; and therefore, I repeat, his opinion on the subject of vivexperimentation is of no more value than that of a shoemaker, a carpenter or a policeman. Writing dramas does not give one the right to discuss highly complex biologic questions, no more than it makes one an authority on questions of astronomy, geology or shipbuilding. I hope that after this explanation the names of Ingersoll and Shaw will no longer be thrown into my face.

CONCLUSION.

I do not think I need bother now considering the "immorality" of animal experimentation. Having proved that vivexperimentation is responsible for the saving of thousands of human lives, and having taken for granted the premise that whatever

contributes to human health and the conservation of human life is moral, it follows that vivexperimentation is moral.

As to the assertion or charge that vivexperimentation is unscientific, I need bother still less. We judge things by their fruits. And if animal experimentation, within the short time of its application has given such magnificent, tangible, practical results, what else can we ask?

And besides, what right have the antivivisectionists to accuse of being unscientific? What do they know about science? What do they know as to what is scientific and what is unscientific? What do men completely ignorant of physiology, pathology and bacteriology, men who never saw a bacterium or handled a microscope, or any chemical or physical apparatus, know about science?

No, vivisection is neither immoral, nor unscientific; it is antivivisection that is both. It is more; it is irrational, it is cruel, it is inhuman. And we cannot help the conclusion that there is something radically wrong with people, wrong mentally and morally, who will pour out their sympathies to cats, dogs, rats, mice, frogs and mosquitoes and will withhold them from men, women and children.

Contributed by the author to THE CRITIC AND GUIDE.

The Division of Fees between Physician and Specialist from a Layman's Standpoint.

BY ALBERT BANCROFT FIRMIN.

I am a layman; neither a family physician nor a specialist. It may be an intrusion on my part to venture an opinion upon the question of the division of fees between the family physicians and the specialists, which it seems is now agitating the medical profession, but since it must be admitted that if there were no laymen there would be no fees to divide, possibly both sides will tolerate what I have to say. I know that it is exceeding bad manners and very inconsiderate for the missionary at the cannibal feast to express an opinion as to the manner in which he should be carved or served up, and that if he does express an opinion his remarks are likely to be ignored; yet it doubtless relieves his feelings, and that is approximately my attitude just now.

I was wholly quiescent in this matter, an entirely decorous and prosaic subject, without thought of protest until I read in the January CRITIC AND GUIDE the article by Dr. L. Jacobi defending the division of fees, but this has convinced me of the justification for rebellion. I rebel not only against what I regard as an injustice to the patient, but against what I consider is a prostitution of a noble profession.

To obtain a correct understanding of the ethics of the situation, it appears necessary that we should first inquire as to the relations existing between the general practitioner and the patient. No more confidential relation exists between man and man in our business life.

While the relationship between lawyer and client approaches that of the physician and patient, still it is not as personal, as confidential nor as dependent upon the part of the client. There is in the appeal of the patient to the physician an element that is akin to the appeal of the penitent to the priest. When the physician accepts the patient as such, irrespective of any question of fee, it appears to me that ethically he thereupon becomes the patient's most confidential agent. If this is true it should be unnecessary to say more, but inasmuch as this ethical viewpoint apparently has not appealed to those involved in this question, I would remind them that when a fee passes from patient to physician the physician becomes the patient's agent absolutely, viewed not only from any abstract ethical standpoint but in accordance with the standards prevailing in every field of enterprise and of business. The adage that "A man cannot serve two masters", is but a homely expression, founded deep down on a world wide recognition of this truth, and having its origin so far back in antiquity, that I doubt if the earliest conception of the thought could be traced even if we endeavored to do so. If the man servant so far forgets his duty to his employer as to accept money from another whose interests are not identical with the employer's, it is recognized as improper. If the agent of a business house accepts presents from those he is brought into contact with in a business way, with a view to secure his favor, he is smirched if it becomes known. If a government official accepts presents or remuneration from any person or agency with which he transacts the people's business, and aside from his stipulated salary paid from the public treasury, he is, if it leaks out, rightly branded as a "grafter". Yet I venture to say that those who defend the division of fees between physician and specialist would nevertheless join the multitude in denouncing the low standards prevailing among public officials and politicians.

Now is there any essential difference between the purchasing agent who accepts a discount from the firm of which he buys, and which goes into his own pocket instead of into the coffers of his firm; or the public official who accepts favors from the contractors doing business with the government, and the agent of the sick man (the physician) who accepts a fee from the specialist? Dr. L. Jacobi endeavors to justify such transactions by the claim that "no tangible injury is inflicted on the patient by diverting a share of his money into the general practitioner's sinking fund. The only loser in the transaction is the dividing surgeon himself, who has to be content with a reduced fee." This is precisely the argument advanced by dishonest purchasing agents and others similarly circumstanced, only served in a little different form and with some different garnishings. Namely, that the firm would have bought from the concern of which he received the money or favor anyway; that the cost was not greater than it would have been if the money had not passed, and that the only one to lose was the person or firm who gave the money.

I doubt if any man in his own estimation ever committed a crime. The most heinous crimes ever perpetrated are justified both before and after commission by those who commit them. The rare exceptions do but prove the rule. Very few men ever maintain a course of life for any considerable period which is against their consciences. What men do is to adjust their consciences to suit the circumstances. They emphasize everything that offers any palliation whatever of their conduct; minimize everything that runs counter, and shift the blame in their own minds upon their victims. The drunkard blames his wife for his failing. The idler blames the social system. The roué blames the women for leading him into temptation. The dishonest bank president blames the directors for carelessness. So it goes thruout the world. Not long ago there was an atrocious murder committed in Brooklyn, of a helpless old lady who woke up during the pillaging of her home. The burglars were captured, and to the reporters justified their crime by the assertion that their shots were fired in self defense, inasmuch as they were interfered with by members of the aroused household during the progress of their incursion, who made an effort to arrest their flight. These men had got themselves into a state of mind wherein they probably sincerely believed that their victim was wholly to blame for her death. What right had a meddling old lady in the silence of the night, when she should have been asleep, to interfere with two industrious burglars in the pursuit of the only occupation known to them? Now I do not wish to be misunderstood. I am not asserting that the division of fees is a heinous offence like burglary. My illustration in respect to the burglars refers exclusively to the state of mind which those who depart from the path of rectitude, whether they be burglars or physicians, work themselves into, and by which they justify their conduct in their own estimation. I am of the opinion that this path once entered upon, progress is rapid, and its dangers insidious.

But to expose the fallacy of the doctor's attempted justification by means of illustration is probably superfluous, for to every thinking reader its fallaciousness and speciousness must be manifest. Does the specialist give back to the family physician part of his fee out of pure philanthropy? From the goodness of his warm heart? Does he make a practice of distributing his earnings among the needy general practitioners because he is such a generous fellow that he cannot control his altruistic impulses? Well, if there are any such specialists they are outside the range of my observations. Suppose we tell the truth. The specialist keeps all he can get. The physician obtains from the specialist only what the specialist is obliged to surrender. The specialist who retains his whole fee either does so because he has established a reputation which compels recognition, and that the practitioner cannot afford to antagonize or run counter to, or because he would rather have fewer patients honestly come by than more of them secured by questionable methods. When the specialist

hands part of his fee back to the family doctor who secured him the patient, he does so as I have previously said, because he is obliged to. And this prompts the question as to why he is obliged to. It is because he and the doctor are joint conspirators, each dependent upon the other. No amount of sophistry can explain this fact away. If there is no conspiracy, why does not the family doctor openly tell his employer, the patient, whose agent he is, just how the fee is to be divided? If there is nothing underhanded in the transaction why is duplicity practiced? Further inquiry into the status of the situation shows that the physician having the confidence of his patient plays upon it, and makes him believe that the operation should be performed by a certain specialist, and tho he may give a score of reasons why the operation should be performed by this man only, not a hint is dropped that his representations are not exclusively in the interest of the patient, or that he is interested financially in the part he is playing. It may be that in many cases the patient could not secure the same operation for less than the sum which is divided between surgeon and physician, but this is only a surface phenomenon. The fact is that in most cases the specialist is reached thru the intermediary of the family physician or the regular practitioner, and that the practice of dividing the fees has become so general that an abnormal condition has been brought about, whereby the prevailing rate of operations or treatment by specialists is based upon the theory that there will be a division. When the patient happens to reach the specialist by the direct route, and not thru the intermediary of another physician, the specialist is obliged to make the cost of his services equivalent to his ordinary division rate to save appearances. Were any other course generally followed the game would be exposed. When the specialist who ordinarily has to divide, secures a patient without the "physician intermediary", in the parlance of the sanctum it is "velvet". As to the physician who exacts the fee from his patient and a division from the specialist, since we have fallen into the vernacular, let us own up and put it as it should be, that "He gets it coming and going".

A further examination of the author's stand discloses that he attempts to further support his position by pointing to the relation of the physician to the manufacturer of trusses. To quote him again, "Exactly the same financial 'deal' is familiar to the profession in the commission offered by manufacturers of trusses and similar appliances. The patient pays a fixed price and the dealer surrenders a share to the doctor. The same price is charged to a customer who is not sent by a physician, the dealer being here entitled to the full amount." This is the old story of trying to make two wrongs equal a right. When I was a lad I was employed by one of the largest truss and surgical instrument concerns in this city. I know the game. I have seen the doctors flock hungry for their share of the spoils. Hot footed after the patient has followed the pursuing doctor looking for his per-

centage. I have heard the attempted "strikes", as they are called, when the physician tries to secure a larger percentage than the usual one by saying that "Jones", "Brown" or "Smith" will give it, and that he will recommend his patients to one or other of them, if "Baker" will not do as well. The patient is in such cases merely regarded as the lamb to be shorn, and the truss maker is expected to make a price that will give the physician a percentage that is worth while. That the price is approximately as much to the non-directed patient as to the directed one, is due to the identical causes I have previously indicated. But why these "*financial deals*"? What place have they among men of honor? The very language of the defender of the system condemns it. How black it must be if its defenders can find no more fitting phraseology to describe it.

Let us, however, penetrate still deeper into the subject and determine what should be the basis of all charges, whether they be for merchandise, commodities or professional services. Is not the honest basis, *service* rendered? Is not honest trade built upon the exchange of commodities which benefit both parties to the transaction and represent a fair measure of equal human effort in their creation? Is the recommendation of a patient to a specialist so arduous a task that it must be compensated in the manner and to the extent that it is? Is the financial return for the recommendation only commensurate with the service rendered and the effort put forth? Decidedly not. To be sure, there are times when a physician assists a patient after or during an operation performed by a specialist, and for this he is entitled to remuneration, but we are not discussing the propriety of accepting money from the patient in such cases, but from the specialist for the actual recommendation exclusively. For all actual services bills should be rendered without subterfuge. The very method of the transaction which ordinarily occurs in the case of patients who are recommended by the physician to the specialist, the surreptitious division, etc., shows that those engaged in it are ashamed of their practices. The defender of the system might have cited a third example, tho he refrained from doing so, of a parallel character to the truss makers. Namely the percentage demanded by some physicians of druggists who compound prescriptions written by them, and who under the guise of protecting their patients from unscrupulous substitutes, seek to throw their practice in the way of those who consent to divide with them. Here again I have had experience, and know whereof I speak, for I have practiced pharmacy and have seen this game as well as the other. The whole system is rotten. It is well calculated to debase the profession to levels which are below the standards of commercial life, and these are none too high.

The last page of Dr. Jacobi's article is one of the most disingenuous expositions of a wrong by its defender that I recall having encountered. In endeavoring to determine the cause of the practice under consideration he dilates upon the growth of

specialism; the shrinking of the ordinary physician's field of action; upon the growth of dispensaries and the further shrinkage of the physician's practice; upon the alleged fact that the rich man goes to the specialist and the poor man to the clinic; to the diminution of the doctor's fees; to the extension of practice by doctors employed by charitable organizations, all tending to show that the physician is not holding his own, but slipping backward. In short that he must do as he is doing because *he needs the money*. If this abuse is to be condoned on the plea that the doctor needs the money, and such a reason is to be accepted as validating the evil, where are we to draw the line? Doctors are always needing money. This is a condition doctors share with all humanity, and since this condition is likely long to endure, what new evil will next secure the stamp of approval for the same reason? No such excuse can stand. The excuse is so flimsy and transparent it covers nothing, but like the drapery demanded by certain prudens some years ago for some classical statues in the nude, it emphasizes what it was designed to conceal.

Has the practice of medicine, however, really gotten down to this plane to remain there permanently? I do not think so. In fact I am confident that when physicians pause long enough to carefully consider what is really involved, they will repudiate the practice irrespective of the extent of its growth. The whole proceeding fails to square with the other ethics of the calling. The profession which has given of its numbers so many examples of true heroism; which has offered upon the altars of science so many noble men; which has in pestilence and war and famine ever succored the human race and risen superior to selfish motives; which enjoys a prestige brighter than that of every other calling followed by men, will not long permit this blot to persist. The heaven is already working. Those who cherish the traditions of the profession; who seek to honor it and be honored of it; who hold high the standards which in the past have won the encomiums of mankind; who strive to conform their conduct to their ideals, and to raise aloft new ideals on a parity with the ascending standards of an advancing civilization, will see to it that a remedy is found. To these men no word of mine is necessary, but to all others who have not seen the evil as it actually is, my last word will be, that it is a foul thing that exists only by duplicity and concealment.

Contributed by the author to THE CRITIC AND GUIDE.

Religious Instruction in Schools.

A reply to Dr. Beverley Robinson's Article.

BY JAMES F. MORTON, JR., NEW YORK.

Speaking for the Secularists, I must decline to accept Mr. Balfour as a competent judge of the principle of public education in a free country. Since the Conservative Party in England stands uniformly for almost everything abhorrent to democratic thinkers, its late leader is no guide for us. Nor do the other authorities cited by Dr. Beverley Robinson, in his support of the

introduction of religion into the public school, convince us that it is well to follow the oldworld methods, which have been found intolerable in France and Portugal, and which disgrace the other European countries. As long as religion is a matter of private belief, and not of substantial demonstration, the good old American principle of absolute and eternal separation of church and state will remain synonymous with simple justice and plain honesty. It is no less than deliberate theft for the majority of a community to decide that the minority shall be taxed to support the propagation of a creed which to it is an abomination. A democracy which thus spits on liberty of conscience is a delusion and a sham.

Of course, a Roman Catholic Archbishop prefers private schools, conducted by his church, if he can induce the state to subsidize the teaching of his medieval dogmas; but that an eminent member of the medical profession can openly commend such a procedure, is indeed astonishing. The recent papal decree that any Roman Catholic who does his duty as a good citizen, when it involves bringing a cleric into court, must be excommunicated, is an open incitement to treason, and brands the Roman Catholic Church as traitor to every nation which shelters it. This monstrous dogma, setting the church above the state in purely secular matters concerning the administration of public justice, is one of the doctrines which Archbishop Messmer and Dr. Beverley Robinson would have taught with money squeezed from the taxpayers of the State. There is probably no other organization, outside of the Papist hierarchy, which would have the audacity to demand a subsidy from the State, for the express purpose of undermining the institutions on which social order rests. Any citizen who would obey the papal decree, and obstruct justice by failing to compel a priest or a cardinal to come into court under the same conditions as any other citizen, is a traitor, who should be instantly disfranchised as unworthy of citizenship.

The Secularist solution is not born of special animosity toward religion. On the contrary, it was formulated long ago by Baptists and Quakers, and is today maintained with splendid energy and consistency by the Seventh Day Adventists as a body, and by many thousands of orthodox and most Liberal Christians as individuals. It is simply a principle of social justice, regardless of private belief. It is the inevitable conclusion from fundamental democratic principles. We would not set the state against any religion; we would simply establish the rule of absolute neutrality and impartiality among conflicting doctrines, whether of Christianity, of its various rivals or of Atheism or Agnosticism. As good citizens honestly differ in these matters of speculation, it is an act of criminal invasion, if any government, maintained by the taxpayers as a whole, uses its power to give the children of its citizens, at a time when their minds are unformed and their capacity to analyze claims and detect fallacies

wholly undeveloped, a strong set in one direction, allowing them to come to maturity so strongly biassed that they will be incapable of examining impartially the different creeds and hypotheses.

The teaching of morality is a totally different proposition, and has no connection whatever with the teaching of religion. Morality is the fruit of social experience. It is taught thru appeal to the reason, to the sympathies, to observation and to personal experience. Nothing is easier for a good teacher than to inculcate sound moral principles, without uttering a word of a God or of any other distinctive religious doctrine. There is no magic mystery in the book called the Bible, that reading from its pages should have a marvellous effect in developing the character of a child; nor does experience show that it has such an influence above that of any other book. Why should the Bible be read in school, rather than the Koran, the Vedas, the Avesta, the Book of Mormons or Mrs. Eddy's Science and Health? Each of these is deemed sacred by those who accept it; and each contains in solemn phraseology many passages of unimpeachable morality, which might be culled for reading exercises. What excuse is there for selecting merely one of these rivals for popular credence?

The moral issue would be in no wise affected, since that is accomplished mainly, not by formal reading, but by personal explanation and application. The only result had or aimed at by those so anxious to destroy religious liberty by forcing the Bible on all children, is to fill their minds with the impression that this book is somehow more sacred than any other, and must be invested with a peculiar reverence. Growing up with this bias, they will naturally be drawn easily into church, without adequate investigation of its claims, and will become pliable to the wishes of the ecclesiastical element. The "harmless" and "non-sectarian" reading from the Bible, without comment, as from a book too sacred to allow any questioning, is simply veiled proselytism at the expense of those who are totally opposed to the doctrines of Christianity, and yet who must not only sit idly by and see those doctrines thrust on their children, but must actually pay for undergoing the outrage. This is adding insult to injury, with a vengeance; and it is nothing short of amazing that even religious enthusiasm, to use no harsher term, should blind a single honorable man or woman to the dishonesty of this invasion of the individual conscience. No dream of "doing evil that good may come of it" can palliate this iniquity. The complete secularization of the state is so elementary a corollary of the democratic idea, that its mere statement should be sufficient to carry conviction.

Contributed by the author to THE CRITIC AND GUIDE.

A Few Words About Nursing Mothers.*

BY SIMON MARX, M. D., NEW YORK.

Obstetrical Surgeon to Maternity Hospital, Gynecologist to the Red Cross Hospital.

Nursing mothers may be divided into two classes: the woman below par and the woman apparently above par.

The below-par woman is of several varieties. The woman who is the victim of some chronic depreciating disease must never suckle her child. The others must begin treatment before their lactation period, months ahead. They are of the type of nervous women, who are thin, gaunt, and have a ragged appearance; neither muscle nor fat fills out their rotundity and their breasts are knotty, representing nothing but a loose flabby addenda to their chest walls. Good food, a fatty diet, plenty of air, gymnastics, with tonics will improve them physically to an extent little dreamed. The exhibition for months of the milk plants (the so-called bust developers) $\frac{3}{4}$ ss. 3 times daily has given me at least sufficient results to warrant their employment in the future.

In strong contrast to the foregoing lady stands her sister, different temperamentally and physically. Phlegmatic, fat and lazy—in a short terse way to be defined “large of body and small of mind”—you know the type. From the beginning of her pregnancy she lives to eat, gets fatter and fatter and fatter and her busts are neither things of beauty nor a joy forever. She develops fat with every move and the result is either a fatty degeneration or an infiltration of the breast ducts, and at the critical time empty breasts.

Here the treatment is anti-fat from the beginning. Diet, exercise, light gymnastics. This is done not so much to reduce weight, but to prevent the woman from getting too fat. My experience in pregnancy with forcible reduction by thyroids is not satisfactory, since small doses do no good and large doses have a deleterious effect on the fetus.

An interesting subject is the woman who has so very much breast secretion, as to literally drown her suckling infant. If this is allowed to go on the woman is bound to feel this over active physiologic function, loses in weight and condition and the result is the same as if she lost vital fluids from any organ. The child suffers to even a greater extent, for no sooner is the milk gushed into its stomach, than it is vomited undigested as from a fountain. Reduction of the flow can be inhibited by the application of the breast binder and the use of drugs which retard the lacteal secretion. Ergot in large doses, antipyrin, and small ones of atropine until this is checked. The child nurses the breasts either by lying on a higher plane than the mother, or putting it to the breasts in an inverted position, slung over the shoulder of the mother head down over the corresponding breast.

* Read before the Harlem Medical Association.

Of greater importance is the flow of milk which is scant and insufficient for the child. This is a really neglected subject, and if proper remedies are used no normal mother should be unable to exercise her physiological functions in suckling her child. I have seldom failed where there were no contra-indications, by the use of one of the following methods.

The usual methods to be used are early application of the child to the breasts; as soon as the young mother has had her first sleep, she suckles her child and this is repeated every two hours. This early stimulation is of great importance, and if there be no contra-indication should obtain in every case. Real breast activity usually begins within three days post partum. It sometimes is delayed for a week or ten days. This should be remembered and the attempt to abandon breast nursing should not be made too early. A very useful but a very disagreeable lactagogue is pure castor oil, application of which is made to both breasts by cloths soaked in it, but the odor and its disagreeable features are such that it cannot be used in all cases. Of greater value and surer results in local treatment is the careful use of the Bier cup for purposes of local hyperemia, used quietly, of short duration, each treatment intermittently applied not longer than three minutes for a total period of fifteen minutes night and morning. We have in this method one of the most successful of all lactagogues. The cup is coated with vaseline on its edges to make it air tight, the suction is applied just short of causing pain. The breasts under its influence must not be dusky or dark but only a bluish red. No pain should be complained of. Patients are the better off who do the suction themselves, and I always advise it. In their hands they stop quickly when pain is threatened and when they see the warning duskiness appearing. Rapid and energetic suction is dangerous even as is too prolonged and continued application—for in one case this excessive energy undoubtedly was provocative of an acute mastitis. Skilfully and quickly used this is a really safe and sure method of increasing the flow of milk.

Much can be done by the internal uses of true mammary stimulants; yet one must not forget that good wholesome foods are excellent adjuvants in conjunction with other means.

The malt compounds are very valuable in this direction, not so much the malt liquors but the malt extracts, singly or combined with iron given in milk.

Mammary extract has not given me the results I expected.

Specific influences are furnished by the milk plants, one of the most valuable being the fluid extract sold in the market in palatable form under the name of nutrolactis; $\frac{3}{4}$ ss. or more can be given three times daily. This is really a valuable means and can be used where other means fail.

One of the most valuable of all drugs, which acts almost specifically on the genital organs of the female, and one used but little, is the cotton plant. The extract of the root is still of great

value both as an emmenagogue and as a blood controller in severe uterine hemorrhage. Another derivative of the plant and a good mammary stimulant is the dry extract of the cotton seed, sold under the name of lactogal which can be readily taken in water or milk, 3i to 3ss three times daily.

My successes with one or another or all of the above named means have been so nearly universal that I can truly say, almost without exception, "Every mother can suckle her child if patience and time be given to it."

947 Madison Ave.

The Double Standard of Morality.

BY B. S. TALMEY, M.D.

Editor CRITIC AND GUIDE:

In your comments on my article "Is the double standard of morality justifiable" in the December issue of your Journal, you say that my reason for morality is fear. If you can read this in my article, then I did not make myself clearly understood, for the emotion of fear never entered my mind while writing my article. If you can find it consistent with your policy [We have no policy, except that of truth and fair play] to publish this letter, I would like to restate my view in the following.

To my mind an action is moral that tends to bring the greatest amount of good to the greatest number of fellow-men, and it is immoral if it tends to harm a fellow-man. As far as the actor himself is concerned, the action is neither moral nor immoral, it is simply non-moral. For instance, if a man has somebody depending upon him for support, and he commits suicide, he commits an immoral act. If he is alone in this world, and his existence concerns only himself his act is simply non-moral [correct.]

If the sanitation of society could be improved in a way that promiscuity could be practiced without the possibility of infection of the individual and by him of his wife and child; furthermore if society were so constituted that the unmarried mother would not suffer the ostracism of the world and the illegal child would not inherit the handicap of illegality in his future struggle for existence, then male promiscuity would be neither moral nor immoral. Altho promiscuity generally leads to excess [this is a great mistake; very many varietists are extremely moderate] and harms the actor, this is his own affair. If society would be so constituted that mother and child would not depend upon the child's father for support, so that the father's doubt about the child's fatherhood would not in the least harm the child, then woman's promiscuous life would only concern herself, and her actions would not be immoral. As it is now, suspicion of the woman's chastity, creating doubt in the father's mind about the child's parentage, results in the father's failure to properly support his child. Hence the woman's deviation from

the present prescribed path of sexual morality jeopardizes her child and indirectly the race. As it is now, the man's promiscuous life will with the greatest probability bring infection not only to himself (that is his own affair; you see, I don't threaten), but to his future wife and child. Hence he jeopardizes his child's health and indirectly the race.

No, I agree with you that there may be a case where the father's doubt would have no consequence for the child, and there may be a case where infection could be excluded with absolute certainty, and I grant that in the remote future my reasons for morality may become non-existent, but my theme was the general standard of the present morality. I remember having read once in *De officiis*: "Si gladium quis apud te sana mente deposuerit, repetat insaniens, reddere peccatum sit officium non reddere." Here Cicero shows us an exceptional case where embezzling is a duty. Still the general standard considers embezzling a crime. The exception does not alter the standard.

Yours respectfully,

B. S. TALMEY, M. D.

12 West 123d Street.

An Unfortunate Case.

Dear Editor: Having been a subscriber to THE CRITIC AND GUIDE for the last four years, and having learned to trust to your judgment and your sense of fairness and impartiality, I submit the following case to you. I wish to know if in your judgment the doctor was to blame or not.

In August, 1910, I met a young girl of 20 and fell in love with her. A couple of weeks later I proposed to her; she accepted me with pleasure and we became engaged. About the same time I happened to get a copy of your *Never-Told Tales*, in which you so wisely recommend young people to consult a physician before getting married. I told her of the idea, she liked it. We lived at that time in Brooklyn. I took her over to a well-known physician and both of us were examined by him. After a thoro examination he told us that both of us were in perfect health, and that he was very glad to see me marry a nice healthy girl like her. I am a druggist myself and the doctor knew me well. On January 29th, 1911 we were married and felt very happy. A couple of months later we moved to New York. My wife was in the family way at that time. She felt very good till about the seventh month. I engaged a doctor for the confinement, a very good friend of mine. He examined her and told me that every thing was all right. In the seventh month she started to complain of pulling in the legs and feeling blue all the time. I told the doctor about it. He examined her again and told me that the pulling in the legs was due to the pressure of the baby's head downwards, and recommended to give her $\frac{1}{4}$ gr. codeine sulphate once in a while. Her heart was always in perfect condition, and she had never been sick in her

life before. A couple of weeks before she was confined, I spoke to him again and asked him to take very good care of her, and if he saw that another doctor was needed, he should tell me at once. He promised to look after her just as if she were his own wife. Furthermore, he assured me that he had already spoken to Dr. X, well known on the West Side, and the latter promised to come any time he would be called. I had full confidence in him and waited for the happy event.

It came on November 6th. In the morning a lot of water came out. She told me about it and I called up the doctor at once. He came around, examined her and told me that she would give birth in the evening. About 8 o'clock in the evening, she started to feel pains. He came again and did not leave the house for several hours. At 1.45 in the morning, November 7th, she gave birth to a boy. The afterbirth, however, did not come out. He put his hand in and tried to get it out but did not succeed. I begged for him to call somebody else and remove it. He called up at once the doctor. The latter told him that it can remain there for eight hours and he should leave it alone. For one hour she felt fine; then she started to complain that her legs pulled terribly, and that she could not breathe. I begged of him again to call another doctor, but he assured me that everything was all right. He gave her an hypodermic injection of strychnine sulphate, $1/32$ gr., also injected twice whiskey. She felt very cold. He ordered a couple of hot water bottles to place around her and cover her well. About 5.15, that is, three and a half hours after she gave birth, she felt so bad that she couldn't lie in bed; she was jumping in agony from one side to the other and could not speak even. He got frightened and called up again the doctor, but the latter refused to come. He called up the Lying-in Hospital to send the best man around, but unfortunately before he finished talking to the doctor in the hospital, she died. It was about 6 o'clock. I was so upset by her death, that I did not even see the death certificate and learn the cause of her death.

Now, dear Doctor Robinson, please do not refuse to tell me your opinion. Could my poor wife have been saved by having the afterbirth removed in time? Was it right for him to leave it there? And when I insisted upon having another doctor, was it right of him not to let me call anybody? Even two hours before she died, she herself begged of us to call somebody. He came up to her and said: "Look here, Mrs. R., you don't need anybody. You are all right, why do you frighten us?" The doctor claims that he did his duty and that nobody could have saved her. He insists, even, that if another case like that should happen he would act the same way, as that was

all he could do for her, and no more. Your answer may save a lot more of such unfortunate cases.

Thanking you in advance for your reply, I remain,

Yours very truly,

964 Second Ave., New York City. FELIX RESNICK.

We fully understand our subscriber's feelings and he has our deepest sympathy in his sad bereavement. But—while it is not quite fair to give opinions on cases, with all the details of which one is not familiar—we can assure him that the retention of the placenta (afterbirth) in the uterus for several hours had nothing to do with his poor wife's death. Some placentas are adherent and may remain in the uterus for twenty-four hours without any injury to the woman. In fact, it is sometimes very unwise to be too meddlesome, and to attempt to remove the placenta by force. Death in this case was undoubtedly due to embolism—perhaps air embolism—an unfortunate complication which may occur in the easiest and most normal labors. Such accidents are very tragic, very cruel, but the doctor is not to be held responsible for them, as they can be neither foreseen nor prevented.—Editor.

Dear Doctor:—In the last number of your valuable CRITIC AND GUIDE you draw attention to the new medical directory published by the Medical Society of the State of New York. Did it ever occur to you how vile the paper and the print of that publication is?

Our medical era is justly called the era of preventive medicine. Do we prevent eye strain by such a publication or do we not rather help producing it?

The awful lack of ventilation at the New York Academy of Medicine, which I am just reminded of, is another point that ought to be discussed thoroly in order to bring about, if possible, some more hygienic conditions.

Very truly yours, LUPUS GAUDIVALLERIUS, M. D.

"Why do we send missionaries to the savages?" asked the man.

"To civilize them."

"What good does that do them?"

"It educates them out of habits of idleness."

"And what then?"

"They go to work."

"What do they work for?"

"To become prosperous and rich."

"What good does prosperity do them?"

"It procures them leisure and comfort."

"Which was what they had before you started stirring them up. What's the use?"—*Cleveland Leader*.

Formulas and Prescriptions

Acute Rheumatism.

Colchicinæ. gr. 1/10
 Codeinæ sulphatis. gr. 1
 Sodii salicylatis. 3 i
 Div. in capsul. gelat. No. xii.
 One every three hours until a lax-
 ative action is obtained.

Acid salicylic. 3 ii
 Ferri pyrophosphat. 3 i
 Sodii phosphat. 3 i
 Aquæ. q. s. ad 3 viii
 Teaspoonful every two hours.

Acid salicylici. gr. xl
 Potassii citratis. gr. lxxxx
 Aquæ destillatæ. 3 ii
 Two teaspoonfuls in half a glass of
 water four times a day. The dose
 to be increased according to age and
 severity of attack.

Sodii salicylatis.
 Sodii bicarb. aa 3 i ss—ii ss.
 Aquæ gaultheriæ. 3 vii
 Two teaspoonfuls, with plenty of
 water, every four hours. (Children
 five to ten years of age.)

Heroin hydrochlorid. ..gr. i
 Salophen. 3 ii
 Sacchari. gr. xl
 Ft. chart. No. xii.
 One powder every two hours.

Sodii salicylatis. 3 i
 Ammonii bromidi. 3 i
 Syrupi aurantii. 3 ii
 Aquæ camphoræ. 3 vi
 Two tablespoonfuls every three or
 four hours.

Sodii salicylat. 3 ss.
 Tr. lavandulæ com. 3 iv
 Glycerini. 3 ss.
 Aquæ. q. s. ad 3 viii
 Teaspoonful every hour or two
 until pain and fever abate.

Lithii benzoat. 3 ss.
 Sodii bromid.
 Potass. carb. purif. ..aa 3 ii
 Potass. acetat. 3 i ss.
 Sodii phosphat. 3 ss.
 Syr. zingiberis. 3 i
 Aq. menthæ pip. ad 3 vi
 Dessertspoonful to tablespoonful in
 half a glass of water every four or
 six hours.

Acid salicyli. gr. x
 Sodii bicarb. q. s.
 Ex. glycyrrhizæ. gr. iii
 Glycerini. 3 ss.
 Aquæ. q. s. ad 3 ii
 For one dose.

Colchicin. gr. 1/120
 Codein sulphat. gr. 1/16
 Sodii salicylat. gr. v
 One tablet every three hours until
 a laxative action is obtained.

Antipyrin. gr. lxxx
 Sodii salicylatis. 3 ii
 Dionini. gr. viii
 Syr. aurantii. 3 i
 Aquæ. 3 i
 Teaspoonful every three hours.

Potassii iodidi. 3 i
 Potassii nitratis. gr. xxx
 Fluidextr. cimicifugæ. ..3 iv
 Glycerini. 3 iv
 Vini colchici sem. 3 i
 Teaspoonful after each meal.

Acidi salicylici. 3 i
 Menthol. gr. xxiv
 Adipis lanæ. 3 i
 Anoint painful joint two or three
 times daily and cover lightly with
 cotton wool.

Acidi salicylici. 3 ii
 Ol. betulæ lentæ. 3 i
 Ol. sinapis volat. gtt. v
 Alcoholis. 3 v
 Apply night and morning.

Chloralis hydratis. 3 i
 Camphoræ. gr. xxx
 Menthol. gr. xxx
 Acidi salicylici. 3 i
 Guaiacolis. 3 i
 Atropinæ. gr. ii
 Petrolati. 3 iv
 Adipis. 3 i
 Apply externally.

Ol. gaultheriæ.
 Spt. chloroform. aa 3 ss.
 Lin. saponis. 3 iii
 Apply freely and wrap the joint in
 cotton batting.

Tinct. opii. 3 i
 Potass. bicarbonat. 3 iv
 Glycerini. 3 ix
 Aq. bullientis. 3 ix

Soak a piece of flannel in the above hot solution and wrap around painful joint.

Acidi salicylici. 3 i
 Ol. terebinthinæ. 3 i
 Ol. betulæ lentæ. m xxx
 Adipis lanæ. 3 i

Cleanse the skin with soap and warm water; then apply the ointment, rubbing it in for 5 minutes each time.

Methylis salicylatis. 3 ii
 Guaiacolis. 3 i
 Oleati veratrinaræ. 3 i
 Lin. camphoræ. 3 iv
 Lin. belladonnæ. 3 i

Rub in well and cover with cotton and oiled silk.

Olei gaultheriæ. 3 i
 Acidi salicylici. 3 sss.
 Guaiacol. 3 i
 Lanolin. 3 i

Apply several times a day.

Ol. gaultheriæ.
 Ol. olivæ.
 Lin. saponis.
 Tr. aconiti.
 Tr. opii. 3 i
 Ft. liniment.

Apply freely and cover with cotton batting.

Dropsy.

Pulv. digitalis. gr. xxx
 Ferri. sulph. exsicc. gr. xv
 Pulv. capsici. gr. xl
 Pil. aloë et myrrh. 3 ii
 Et ft. pil. No. lx.

One pill twice a day. (In cardiac dropsy with dyspepsia.)

Pulv. scillæ.
 Pulv. digitalis.
 Caffein. citrat. 3 ss.
 Hydrarg. chlor. mit. .. gr. v

Div. in pil No. xxx.

One pill three times a day. (In cardiac dropsy.)

Dysentery.

Pulv. ipecac. et opii. .. gr. vi
 Bismuth. subcarb. 3 i

Pulv. aromat. gr. vi

Div. in chart. No. xii.

One powder every three hours for a child of three years.

A LITTLE GOOD STUFF IN RHYME.

Lady, Fair Lady.

Lady, lady passing fair!
 As I view your beauty rare,
 Coldly radiant, like a star,
 How I wonder what you are!
 Your weight, 90 pounds, I guess—
 All the rest of you is dress!
 Some is hair and some is hat,
 Fluff and feathers and all that!

Say, how many lives were paid
 That you might be thus arrayed?
 Your warm, furry coat reveals
 Epitaphs of several seals;
 Sable boa, sable muff—
 Twelve small lives were not enough.
 Egrets six were surely slain
 For your headgear, smart and plain.

These your dainty hands are hid
 In the skin of slaughtered kid.
 Calfskin of the kind called "ooze"
 Makes (they cost a life) your shoes.
 Your hair—yours by purchase,
 please—
 Was shorn from off a slave Chinese;
 Silks and laces that you wear
 Represent vast toil and care.

Your "complexion"—chemic bane!
 Cost a world of woe and pain.
 Lady, that you may be gay,
 Thousands throw their lives away.
 Do you ever in your pride,
 Count its cost in homicide?
 Lady, lady, passing fair,
 Do you know—and do you care?

If you may sing His praises,
 For health He gave to you,
 What of this spine-curved cripple—
 Shall he sing praises too?

If you may justly thank Him
 For strength in mind and limb,
 Then what of yonder weakling—
 Must he give thanks to Him?

There comes no word to tell us
 Why this and that should be,
 Why you should live with sorrow,
 And joy should live with me.

—A. Conan Doyle.

It matters not to how many journals you subscribe: The "Critic and Guide" is so different, so unique, occupies a field so entirely its own, that you cannot well afford to be without it. See special offer on adv. p. 16.

THE MEDICO-PHARMACEUTICAL

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH. G., M. D., EDITOR.

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The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

The Editor is responsible for his own opinions only. He always tells the Truth or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth
Than never to tell the truth for fear of making a mistake.

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No. 3.

EDITORIALS AND EDITORIALETTES

THE DRESDEN INTERNATIONAL HYGIENE EXPOSITION AND ITS SEXUAL-VENEREAL EXHIBITS.

No, in spite of numerous requests from subscribers, I am not going to describe in detail my last European trip. First, I haven't the time now, and second, I have described the Mediterranean trip, Italy, Switzerland, Paris, etc., so often that to do so again would be repetitious and perhaps wearisome. Two incidents, however, stand out prominently in my last trip; these are the Dresden International Hygiene Exhibition and our visit to the three Scandinavian countries: Sweden, Norway and Denmark, and to these two incidents I will devote a little space.

The Dresden International Hygiene Exhibition.

The Dresden Hygiene Exhibition was well worth a visit. Any serious-minded man or woman could have learned a lot in a week, by spending several hours a day. There was not a department of physiology, hygiene or preventive medicine that was not represented and represented well and thoroly. When it comes to thoroness, it seems we still have to go to our German friends for lessons. Every department was illustrated by hundreds of large charts, pictures, models, moulages (lifelike reproductions in wax), kinematographic projections, fine compound microscopes (there were hundreds of them), etc. Every device for safety could be found there; every method for protecting the health of the workman in the factory or mine was demonstrated. The nutritional value of every article of food was plainly exhibited.

Besides the exhibits, there were regular lectures given by competent authorities on anatomy, physiology, care of the body, care of the eyes, teeth, hair, sexual organs, etc., and these lectures were always thronged. In short, the present status of both individual hygiene and prophylaxis and public sanitation was registered here as never before and nowhere else in the world.

Every country was represented and had its pavilion; even darkest Russia had an exhibit. Only one little country was conspicuous by its absence, and that country was the United States of America. Why, oh why, were we not represented there? In the words of our good and genial President, only God knows. But then again, why should we be interested in such trivial things as hygiene and preventive medicine? Haven't we got baseball and football? That is sufficient. We need all our energy and money for these highly elevating and hygienic sports.

All the exhibits were interesting and instructive. My personal interest, however, was centered principally in the Section of Venereal and Sexual Diseases, prepared under the auspices of the German Society for Combating Venereal Diseases. It is there where I spent most of the time, and that exhibit was crowded from morning to night by men and women of all strata of society.

If there is anything that would show the superiority—some might say inferiority—of Continental Europe over the United States and England in matters sexual, that exhibit showed it. Had Anthony Comstock walked into that section he would have, I fear, immediately gotten an apoplectic stroke, which would have cut short his highly useful career and would have caused us all to shed bitter tears. In this country such an exhibit would be absolutely unthinkable. The clergy and a part of our yellow, hypocritical press and many of our sincere but uninformed or misinformed goody-goodies would raise such a hue and cry that the officials of the exposition would feel forced to yield to the clamor and close the doors of such a section, to the general public at least. While in Dresden, men and women, young and old, visited the exhibits without hindrance, and nobody was shocked, not even the clergy, many members of which one could see among the visitors. And nobody was shocked because every sensible person recognizes that such a striking exhibit forms the most powerful weapon in combating venereal infection and in warning against careless promiscuous sexual intercourse.

Every variety and every stage of venereal disease was represented with the highest artistic skill and lifelike fidelity in life-size wax models, and if an examination of these moulages did not persuade a young man to be circumspect in his sexual relations, nothing in the world could. One good moulage of gonorrheal ophthalmia or the tertiary stage of syphilis will do more than a dozen tracts and sermons. A number of horrible cases of maltreatment of syphilis by ignorant charlatans were also pre-

sented, and the dangers of quackery were thus well impressed upon the people. Leaflets and pamphlets teaching the dangers of promiscuous sexual intercourse and advising prophylaxis or counseling abstinence were for sale and free distribution.

But to show the impartiality and broadmindedness of the exhibitors we will say that Dr. Marcuse's polemic monograph, "The Danger to Health of Sexual Abstinence," was also prominently displayed, and the book had a large sale.

The walls of the rooms containing the sexual-venereal exhibits were ornamented with pictures of the men who made notable investigations in the study of syphilis, such as Schaudinn, Metchnikoff, Wassermann, Ehrlich, Carl von Sigmund, Hermann von Zeissl, etc. The Wassermann test for syphilis was illustrated step by step. There were also large charts showing the influence of abolition of regulation in the Scandinavian countries on the development of venereal disease, charts reproducing Dr. Meadows's interesting sexual-pedagogic investigations among college and university students and other men, etc., etc. (These charts would be positively declared obscene and un-mailable by Anthony. I have Dr. Meadows's complete work here, and a translation would make interesting and instructive reading. It has even the endorsement of Prof Neisser. But I am sure our censors would not permit its publication in the CRITIC AND GUIDE, so what's the use?) In short, there was a plethora of valuable data, and a visit to that exhibit was well worth while for anybody, layman or physician. To enumerate all the exhibits in this section would make a book, so I will mention only two: First, a complete reproduction of a sanitary station for the examination of prostitutes in Berlin, with a description of all the procedures to which they are subjected, instruments for examination, microscopes, douches, etc; and second, a model of the street and the new sanitary dwellings in which the prostitutes live in the city of Bremen. There apparently they do not believe with our prudes that the best way to handle the social evil is to ignore it; no, there they believe exactly what the editor of the CRITIC AND GUIDE has always preached and advocated, that the best way to handle the prostitution evil and to diminish venereal disease is: registration, segregation, instruction, medical inspection and in case of disease, hospitalization. [See CRITIC AND GUIDE, January, 1910; also, the Editor's Sexual Problems of Today.]

Of course there were some incongruities, for the exposition was not altogether an altruistic affair. The managers wanted to have good dividends on their investment, and therefore were not so discriminating about some things as they might have been. Let me give one or two examples. The injuriousness and perniciousness of alcohol occupied a prominent post in the exhibition. By models, gross pathologic specimens, charts and lectures the people were shown the dangers and evils of alcoholism and

were admonished to leave alcoholic beverages alone. And still in the two principal "official" restaurants within the exhibition grounds the hateful "Trinkzwang" was in full force; that is, you were forced to order wine with your meals, for you had to pay for it even if you refused to order or drink any. The same with the beer places. This is certainly absurd. To preach abstinence and then not to provide a place where you could get a meal without wine or beer—well, that seemed to me the acme of incongruity.

Incongruity number two. There were exhibits, pamphlets and lectures inculcating the value of sexual abstinence. And still the exhibition grounds were filled with *demi-mondaines*. I do not blame the exhibition officials for that, for in Europe the *demi-mondaines* have entrée everywhere—in many places of amusement they are the chief attraction—and there is no way of excluding them. But I do blame the officials for permitting cheap Coney Island tingle-tangles, where dissolute women (allegedly from Turkey and Egypt) danced various *danses du ventre* and did everything to neutralize the teaching of continence.

A third incongruity was this: one of the purposes of the exhibition was to teach the people to shun quacks and charlatans and to avoid self-medication. And still a few of the commercial exhibits were distinctly quackish, for they appealed directly to the laity, and some of the remedies were recommended for all kinds of diseases in regular patent medicine fashion.

But these are minor points. All in all the Dresden International Hygiene Exposition was a magnificent achievement, of which the German nation may well be proud. It will be decades and decades before we will have anything like it in our country.

About the trip to Scandinavia next time.

AGAIN THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, ETHICAL PROPRIETARIES, ETHICAL AND UNETHICAL ADVERTISING, AND OTHER THINGS.

Allah be thanked, there is more than one string to our harp, and we therefore do not have to harp always on one string. The work that we have been doing during the past two or three years in fighting and exposing the quacks, in enlightening the public on the true status and aims of scientific medicine, in discussing the vital problems of sex, of the limitation of offspring, of eugenics, seemed to us so much more important, both for the medical profession and humanity at large, than the subjects of proprietaries, ethical advertising, etc., that we thought it best to give these subjects a rest. But the Journal of the American Medical Association has considered it necessary again to stir up the subject. In its recent issues it has published a number of articles, which put every self-respecting editor of an independent medical journal on the defensive, and force him to take notice of them. It would not do to treat the articles in the J. A. M. A. with contemptuous

silence; the Journal is the official organ of the American Medical Association, an association which counts in its membership almost 25 per cent of the total number of physicians in the country, its influence is admittedly greater than that of any other publication, and what it says in its editorial pages *must* be taken notice of. Now, in these articles there appear certain statements and accusations which are either true or false. If true then the journals against which those accusations are made should be ashamed of themselves. If false, then the editor of the J. A. M. A. should be ashamed of himself.

In the January issue of the CRITIC AND GUIDE we presented certain definite questions to the editor of the J. A. M. A. Those questions have up to this day remained unanswered. It therefore becomes necessary to repeat those questions, emphasizing some of them and presenting perhaps a few additional ones. Here is substantially what we said in January, and what we said then will bear repetition now.

It is with a feeling of extreme reluctance, and with a full sense of realization of the thanklessness of the task, that we are penning this editorial. It is a very long time since we had anything to say in criticism of the management of the American Medical Association or of The Journal. Not that there was nothing to criticize; not that we agreed with everything going on at the Association's headquarters; not that we agreed fully with the methods and policies of the J. A. M. A. No, that wasn't it. The reason is a different one. The Association has lately been doing such splendid work, both for the medical profession and the public, the journal as a whole is so excellent, that it seems justifiable or even commendable to overlook certain shortcomings, and not be hypercritical as to certain errors in tactics. Particularly is this the case when we take into consideration that the enemies of the American Medical Association—the League for Medical Freedom, the fraudulent nostrum manufacturers, the quacks, the irregular sectarians, like the fake chiropractors, naturopaths, naprapaths, the Christian Scientists, the drugless healers, the antivivisectionists, etc., etc.—are becoming very active of late, to the great detriment of the public; and to criticize the Association would on certain occasions almost be equivalent to giving comfort to the enemy.

But complete stifling of all criticism is also an evil and may have very dangerous consequences. An active and ambitious public man who is always praised and never criticized is apt to begin to consider himself infallible; he becomes reckless in his language, overbearing in his manner, and in his controversies or warfare he is apt to use the methods of the bully. What is true of a person is true of a group of persons, is true of any movement, any political party. And when such tendencies are being perceived, it becomes the duty of those who are not subject to hysteria, who can think clearly and feel rightly, to do all in their power to check them.

In a recent issue of the Journal of the American Medical Association (December 16) there appeared two notable articles. One is an editorial entitled *Cui Bono?*, the other is a special article in the Propaganda for Reform Department, and has the caption: Medical Journals and the Great American Fraud. Both articles are devoted to an attack on those members of the medical profession who contribute papers to medical journals which carry advertisements not approved by the Journal of the American Medical Association.

Let us state right here that with the principle of the thing we are in full sympathy. High class men should not lend their prestige to journals of low character, to journals without any ideals, journals that sell their pages for write-ups and carry fraudulent advertisements.

And we might as well state here that it was we who first brought up this question for public discussion. Nearly ten years ago, namely in September, 1902, we wrote a letter entitled "Lending Prestige to Low Journals for a High Consideration," in which we criticized some of our foremost physicians and surgeons for contributing papers to the Medical Brief. We sent this letter—guess to whom? We sent it to one Dr. Geo. H. Simmons, who was then as he is now the editor of a journal called the Journal of the American Medical Association. Dr. Simmons returned the letter with an apologetic note. He could not print the letter. Whether it was because he was afraid of offending the Medical Brief, or the contributors to the Medical Brief, or because the Journal itself carried at that time a lot of worthless and fraudulent ads, we do not know. But the fact remains that at that time Dr. Simmons refused to print our letter. We sent it to American Medicine, which was then edited by Gould, and it was published there, after a little toning down (American Medicine, December 6, 1902). Here is the letter:

There is a certain journal* published in the West whose sole reason for existence seems to be to advertise the products of a certain manufacturing company, in which the editor is a large stockholder. To my knowledge it is the only journal which systematically prostitutes its editorial pages for the purpose of booming a few patent nostrums. The editorials which are not taken up with lauding the virtues of various patent medicines are devoted to fighting and ridiculing everything that is good and noble in medicine. The journal fights all medical laws for the restriction of quacks, it fights higher educational requirements, it opposes vaccination, it ridicules and reviles such men as Virchow, Koch and Lister, etc. When one considers the attitude of the medical profession as a whole towards such a publication, it is surprising that reputable men could be induced to contribute to its columns; and yet among the original articles in a recent issue of that journal I noticed two written by two prominent New York physicians—one a well known surgeon, the other a well known gynecologist. The articles in themselves do not amount to much, but it is not for intrinsic value that such a journal cares; all it wants is the prestige of the authors' names. One wonders what unfortuitous circumstance ever induced these physicians to lend their aid towards increasing the influence of such a publication. It

*) In my letter the name was mentioned, but Dr. Gould thought it necessary to make the change.

seems to me that we should be as careful in the selection of our publication media as in the selection of people with whom we associate. Altho much less prominent than either of the gentlemen referred to, I would no more think of contributing one of my articles to the journal in question than I would of bestowing my friendship on bunco-steerers and divekeepers.

Ten years ago our language was a little harsher than it is now, but in speaking of the Medical Brief of that period one was justified in using any language. For that journal was the worst representative of venal, commercial journalism, and was published primarily as an advertising sheet.

And in the CRITIC AND GUIDE for September, 1903, we had an editorial on this very subject, which made the editors of the Medical Brief and the New England Medical Monthly mad with fury; they swore vengeance, threatened with libel suits—but of course did nothing.

But to continue. As we said before, we are in sympathy with the principle of the thing, and the J. A. M. A. has a right to condemn certain journals and the contributors to such journals. But it should be careful in its language, it should be discriminating in its attack. The J. A. M. A. is a giant in influence, and just because it is a giant, it should use its giant strength cautiously, justly and fairly. A gratuitous sneering remark, an unjust equivocal innuendo which may be overlooked in a small journal becomes a crime if made by a journal of the influence of the J. A. M. A.

In the article, "Medical Journals and the Great American Fraud," the J. A. M. A. attacks the American Journal of Surgery and holds up to scorn its contributors because that journal carries certain advertisements which it, the J. A. M. A., does not approve of. It says: "The point is that page after page is given over to the exploitation of *the worst kind of nostrums*." It then gives a list of some of those "nostrums" and continues: "As will be noticed, *many* of the above are *frauds* that have been exposed in the Journal."

We will leave aside the unfairness of the statement, "many of the above are frauds," without specifying which ones, thus leaving the reader in uncertainty and doing an injustice to some good products. Let us examine some of "the worst kind of nostrums." What is a nostrum? A nostrum is a remedy the composition of which is kept secret. According to this definition, hardly one of the products enumerated in the list belongs in the category of nostrums. Because the composition of practically every one of them is known. For instance, why is resinol a nostrum? Why is colchi-sal a nostrum? Why is a solution of colchicine and canabine and oil of cardamon in pure methyl salicylate a nostrum? Why is a preparation the exact qualitative and quantitative composition of which is known, which requires quite some pharmaceutical skill in its manufacture, which is advertised to the medical profession only and which gives undoubted therapeutic results,

a nostrum? Why? And if colchi-sal is a nostrum then why is not colchi-methyl, which is advertised in the J. A. M. A., and which consists of nothing but colchicine and phenyl salicylate, and which presents absolutely nothing new pharmaceutically or therapeutically, a nostrum? Wherein is the difference? Here is a specific question and we want a specific answer. A journal like the J. A. M. A. cannot afford to make silly, slanderous statements.

Why is gonosan, which is a well known combination of kava-kava and santal oil, a nostrum? We have been told by a member of the Council that gonosan is absolutely all right, that it complies with every requirement of the Council, the only objection being the name. If they would only change the name to kava-santal, it would be accepted. Is a thing a worthless nostrum under one and a saintly ethical remedy under another name? Who gave the Council the magic power to convert by the stroke of the pen a dishonest fraud into a highly valuable and ethical product? If gonosan is a valuable agent in the treatment of gonorrhea, it is just as valuable under the name gonosan as it would be under the name kava-santal; and if it is worthless, changing the name to kava-santal should not be sufficient to gain it admission. And why is hydrozone—merely a trade name for a concentrated solution of hydrogen dioxide—a nostrum? And why is McArthur's or Fellows' syrup of hypophosphites a nostrum? And why are Hayden's viburnum compound, Gray's glycerine tonic, or listerine or glycothymoline nostrums? Are elegant pharmaceutical preparations to be dubbed nostrums, without any reason?

And why is H. M. C., which everybody knows consists of hyoscine, morphine and cactin in exact proportions, a nostrum? What is there secret about it? The use of hyoscine or scopolamine and morphine for anesthesia or as an aid to ether and chloroform anesthesia is well known. Whether cactin improves the combination or not is still sub judice. The manufacturers claim it does. But even those who say it does not, do not say that it is in any way an injurious ingredient; so why be so slanderous and dub a preparation of well known composition used by thousands of physicians, a nostrum? And why is pepto-mangan a nostrum? Why is a pleasant stable solution of peptonate of iron and manganese, the composition of which is perfectly well known both qualitatively and quantitatively, and advertised to the medical profession exclusively, a nostrum? It is certainly less of a nostrum than ovoferrin, which had to change its statements about its composition, a thing which the manufacturers of pepto-mangan never had to do. (This perfectly ethical, palatable, stable and therapeutically efficient preparation has, for reasons best known to himself, incurred the particular venom of Dr. Simmons, and he loses no opportunity to hit it. Well, in spite of Dr. G. H. S., we assert that the preparation is everything a ferruginous preparation can be. We have used and are using it in our family very frequently, and prescribe it in syphilitic

anemia and in other conditions of exhaustion and blood impoverishment with most excellent results. And that's all we ask of a preparation.)

And why is antiphlogistine a nostrum? Isn't its composition as a glycerin-kaolin paste, and as the best glycerin-kaolin paste on the market, well known? And if antiphlogistine is a nostrum, why is not antithermoline, which is but an inferior plagiaristic imitation of antiphlogistine, a nostrum? And if antithermoline is a nostrum, why did the Council approve of it? And why did the J. A. M. A. advertise it? (This fake imitation has been *disapproved* recently by the Council but is still retained in the Appendix). And why is unguentine, a good pharmaceutical ointment, a nostrum?

And if the above preparations are nostrums, why is it that the Pharmacopeia and the National Formulary are so anxious to include in their pages formulas imitative of those "worst kind of nostrums?" What is unguentum resorcini compositum but an imitation of resinol? And what is syrupus hypophosphitum compositus but an imitation of Fellows' syrup? And what is elixir gentianae glycerinatum but a poor imitation of Gray's glycerine tonic? And what are liquor antisepticus and liquor antisepticus alkalinus but imitations of listerine and glycothymoline? And what is pasta kaolini but a miserable imitation of antiphlogistine? And what is liquor ferri peptonati cum mangano but an admittedly nasty, ill-smelling, abortive imitation of pepto-mangan? (So nasty is this imitation that not a month passes but the pharmaceutical journals contain "improved" formulas for preparing it.) We should like to have these questions answered. And if the proprietors of these preparations are guilty of manufacturing nostrums, and if journals advertising those preparations are nostrum-promoting publications, what shall we say of the publication committees of the Pharmacopeia and the National Formulary and of the books themselves? Aren't the latter real nostrum-promoting publications, because they contain the formulas of the nostrums in their text-pages? We should like to have these questions answered.

No, it isn't fair. It isn't honest. If the Journal had stated that those preparations did not comply with the arbitrary rules of the Council and that therefore they were, *according to the Council's standard, unethical*, it would have been perfectly within its rights. But there is a very wide gulf between a preparation unethical according to some arbitrary standard and a "nostrum of the worst kind" or a fraud. A very wide difference, and an editor who is really anxious to be fair and honest, should bear that difference in mind.

Isn't it true that seventy-five per cent. of the preparations enumerated in the list would be warmly welcomed into the pages of the J. A. M. A. if only the circulars were removed from around the bottles or the wording on the labels changed? But is a circular or label giving the dose and the therapeutic indications

of a remedy sufficient to change an otherwise perfectly ethical (i. e. truthful in its claims as to composition) preparation into a nostrum and fraud? No, it isn't fair; it isn't honest.

The article states: "All of them (the preparations) could be rejected and the physician's armamentarium be none the poorer—in fact the public would be a distinct gainer." This is pure tommyrot. Couldn't the same thing be said of two-thirds, nay three-fourths of all the articles in the Pharmacopeia and the National Formulary? Doesn't the Pharmacopeia at each revision kick out from its pages two or three hundred preparations, which means that those preparations have been shown to be useless? And again the same question: If all those preparations could be rejected without any loss to anybody, why do the Pharmacopeia and National Formulary try to imitate them? Answer! We venture to say that should half of the preparations included in the sanctified New and Non-Official Remedies disappear over night from the face of the earth mankind would somehow or other jog along, convalescence from various diseases would not be very perceptibly retarded and the mortality rate would be only slightly raised.

The above mentioned two articles in the J. A. M. A. of December 16 have another significance. The Journal not only scolds the physicians who contribute to journals carrying unethical ads, but it would anathematize and ostracize all physicians using any product not approved by the Council or subscribing for journals which carry ads of such products. This is going just a bit too far. For the ignorant physician, for him who belongs to the rabble and can do no thinking or observing of his own, for him who takes all his knowledge and his thoughts readymade, the Council is a good thing. But to expect high class physicians, who read the best medical journals, American and foreign, to submit without criticism to one central authority, to take their cue as to every product which they should or should not use, from a self-constituted body, a body which is doing excellent work, but which is far from infallible and which has made quite a few mistakes and will probably continue to make them, is expecting too much. There would be some sense in such a demand if the rejection of articles by the Council was limited to preparations fraudulent in their character (fraudulent as to preparation, country of origin, etc.) or therapeutically worthless. But we must bear in mind that this is not the case. Articles about whose composition and therapeutic value there is not the slightest question are often rejected merely because the name is blown in the bottle, or there is a circular around it, or the name is fanciful. And this we repeat does not render a preparation a nostrum, a fraud, or therapeutically valueless.

Let us take a few examples, and let us see if unthinking, non-critical submission to the Council's decisions would be a good thing for medicine, or whether it would not really tend to the creation of an irresponsible therapeutic hierarchy. Digalen has

been known favorably for several years, and has been endorsed by European authorities of unquestionable ability and integrity. For some petty reason or other, the Council refused to approve it for two or three years, having done so only very recently. Should we have refused to use it all those years? If it is a "good" preparation now why was it not good last year? Was its action on the heart different then from what it is now? Absurd!

Here is another example. Pantopon, a combination of all the alkaloids of opium in the proportions in which they occur in the drug, but in the form of soluble hydrochlorides, is a triumph of modern chemistry and Prof. Sahli, the world famous clinician and pharmacologist, whose treatise on "Diagnostic Methods" is a standard authority the world over, may well be proud of his achievement. With all due respect to the Council, I will say, without fear of contradiction, that it has not one active member who can come up to Prof. Sahli as a scientist, or can approach Prof. Sahli as a pharmacologist. And still the Council rejected pantopon *for the sole reason* that they did not like the name! And they did not like the name because, forsooth, the physician may forget that it is an opium preparation and prescribe too much to his patients! For asininity this argument stands alone. A physician who does not know what he is prescribing should be forbidden to practise medicine, and as to the name not conveying the exact composition (it does convey it to the educated physician, who knows that pantopon means the whole of opium), that is rather an advantage than otherwise. Because the occasions are quite frequent when it is desirable that the patient should *not* know that he is taking morphine or opium. And how about dionin and heroin—why isn't the Council afraid that in their case the physician may forget that they are morphine preparations? Oh tender solicitude, oh consistency!

Another example. The first report on chinisol was extremely unfavorable, and written in a virulent manner; and the product was rejected. When proofs were presented that the man who made the analysis and wrote, or furnished, the data for the report, made gross inexcusable errors and did not know what he was talking about, another analysis was made, another report was published and the product was accepted. In the meantime the publication of the first report did the product incalculable harm. A retraction never seems to be read by as many people as the original accusation; and the public slander of a man does that man irreparable injury, no matter how public and complete the subsequent vindication and exoneration. For this reason the Council and the Journal should be exceedingly careful before condemning a product.

Here is an example of a diametrically opposite character. There is a fake preparation, Trypsogen, advertised as a cure for diabetes. We have always considered it a fake and said so publicly at one of the meetings of the section of Pharmacology and Therapeutics. Our remarks were published in the J. A. M.

A. The Council, however, considered it proper—for some occult reasons, reasons which it would be interesting to make public—to approve of that preparation, and it appears as an approved remedy in the New and Non-Official Remedies, editions of 1909 and 1910. Later the Council agreed with us that the preparation was an unworthy one, the approval was withdrawn, and the preparation, we are glad to say, does not appear in the edition of 1911. It has been kicked out. Isn't this instance, sufficient proof that the Council, *which generally delegates its work to subordinates*, is capable of making mistakes in either direction—of disapproving where it should approve, and of approving where it should condemn? And isn't a physician who *knows* that he knows better justified in following his own judgment?

And how about arsenobenzol or salvarsan? Should we have disregarded Ehrlich's reports and the reports of hundreds of other physicians and refused to use it until it received the official approbation of the Council? A nice condition of affairs that would be! And therefore again we say: absurd!

There is a good deal more that we could say, but this editorial is already four or five times as long as we thought it would be. The J. A. M. A. threatens to have "something more to say on this subject in succeeding issues." So may we. But now we must stop. We must present, however, a few points of emphasis.

1. There is a very great difference between a nostrum, i. e. a preparation the composition of which is kept secret, or an out-and-out fraud, and a preparation the composition of which is well known, which is advertised to the medical profession only, but which does not comply in some minor details with the rules of the body known as the Council on Pharmacy and Chemistry.

2. It is not fair, and in the case of a journal of such influence as the J. A. M. A. it is criminal, to bunch all such preparations together under the rubric of nostrums or the worst kind of frauds. It is not fair to the manufacturers, which is of little importance; but it is also unfair to the physicians who prescribe the good preparations and to the journals which carry the advertisements of such preparations.

3. The Council is doing excellent work, has already accomplished much, and we should all encourage it and uphold it. But this does *not* mean that we should absolutely surrender our own judgment, it does *not* mean that we should bow to it as to a body of supreme pontiffs endowed with omniscience and infallibility or tremble before it as before the holy inquisitors. Let us remember that the members of the Council are only slightly superhuman; in fact they are almost human, and not very much superior to you or us; nor is it *lèse majesté* to say that they are fallible; that they have made mistakes in both directions—that of too much severity and too great laxity, mistakes which they had to acknowledge; and as they have made mistakes in the past they are apt to commit errors in the future.

4. There is a great difference between the journal which sells its *reading* pages to write-ups and boosts of proprietary remedies, and one which limits its "unethicalness" to its advertising pages exclusively. A write-up under the guise of an unbiased original article exerts a much greater influence than an advertisement, which is considerably discounted.

5. The work of the Council and the Journal should be strictly *educational*. If physicians and editors and publishers do not wish to profit by the knowledge scattered before them, it is their affair. Threats, anathemas, and big sticks are out of date. By irritating those against whom they are directed they minimize or nullify the good work done by the educational propaganda. You cannot make people good by force.

6. There is nothing unethical in putting up, in prescribing or advertising an elegant proprietary preparation, even if it does not present any remarkable originality, provided its composition is known.

And now, in order to prevent if possible the imbeciles from thinking, and the slanderous tongues from asserting, that I am antagonistic to the Journal of the American Medical Association, or that I am unappreciative of its splendid qualities, let me conclude with a quotation from my address, read at the last meeting of the American Medical Editors' Association in Los Angeles, entitled, "The Future of American Medical Journalism: An Optimistic Outlook (CRITIC AND GUIDE, September, 1911, p. 334). We discussed in that address the independent and the official medical journals, and this is what we said about the J. A. M. A.:

"The Journal of the American Medical Association is now a journal of which we may all be proud; it is not only the biggest all-around weekly medical journal in the world, it is also the best. Not only are the purely medical questions discussed in an authoritative, reliable way, but the questions of the day are treated in a bright, breezy and liberal manner."

Does this look like antagonism?

THE ADVERTISEMENTS OF SANITARIA.

The J.A.M.A. carries the ads of a large number of sanitariums (or sanatoria). Have those sanatoria been examined and passed upon by *the* Council or by *a* Council? Is the Journal sure that every sanitarium advertised in its pages is thoroly honest, gives all its patients a full and square deal, does not advise, and subject them to, unnecessary operations, does not make them stay unnecessarily long, does not charge them more than is right, and treats them as does the true high-minded friendly family physician? If it has not made sure of all these things—and it will have to confess that it has not—about every one of the sanitariums advertised in its pages, then it is doing a wicked thing, in bringing those institutions to the notice of the medical

profession and thru it to the public. For sending a patient to a sanitarium is a much more serious thing, an incomparably more serious matter, than is the prescribing of a proprietary preparation, even of the most unethical character. It sometimes means the mortgaging of a home, it quite generally means a terrific drain on the financial resources of the family. For this reason we have always refused to accept the ads of sanitariums and resorts for which we could not vouch personally. And to carry the ads of some of the "strictly business" sanitarium, as does the J. A. M. A. is a greater sin, a greater crime, than would be the carrying of hundreds of pages of nostrum ads. For we must emphasize the damage that may be done by an unethical proprietary is generally very slight, and rather problematical. Even the use of phenalgin, which the Journal has now taken up as the arch nostrum, would not kill the patient (that it contains acetanilid is stated on the label, and if the physician does not know that acetanilid must be used with some circumspection he is too ignorant to practice medicine), would not injure him, would not impoverish him. But sending a patient to an unethical sanitarium is quite a different matter. And the Journal should first go over its list of sanitarium very carefully, before attacking journals for carrying the ads of perfectly ethical and legitimate, but to it objectionable, preparations.

DUFFY'S MALT WHISKEY.—JUST ONE EXAMPLE.

Duffy's Malt Whiskey is, as far as its therapeutic claims are concerned, an out and out fraud. It is one of the worst representatives of the fraudulent nostrum. We exposed it in the CRITIC AND GUIDE many years ago, and more than once. Ten years ago it was carried by every medical journal, that is by every journal that could get the ad. Now in searching thru the medical journals that carry the ad. of Duffy's Malt Whiskey, the J.A.M.A. could find only five journals. These journals are: Buffalo Medical Journal, Massachusetts Medical Journal, Medical Standard, Medical Summary, Medical Brief. Of these five journals only the Buffalo Medical Journal can lay claim to be a legitimate medical journal. But even it has been moribund for a number of years, its circulation is practically nil, and nobody takes it seriously. [It has just gotten a new editor, our friend Dr. A. L. Benedict. We hope he will succeed in infusing some new blood into the journal—for it needs it—and perhaps also in purifying its adv. pages.] The other four publications can not in any sense of the word be considered legitimate medical journals. So you see things must be pretty bad—or rather pretty good—if the J.A.M.A. could find but five publications carrying the ad of that detestable fake, Duffy's Malt Whiskey.

Yes, we are improving, and hysteria is out of place just now, especially in a highly respectable official journal.

TEN YEARS TOO LATE.

The truth of the matter is, the Journal of the American Medical Association is about ten years late. Ten years ago there was ample cause

for an agitation against fraudulent advertising in medical journals. For at that time there were *fraudulent* preparations, *fraudulent* claims as to composition, country of origin, method of preparation. And absurdly exaggerated claims as to therapeutic virtues were made. But the agitation for the elimination of these evils, which by the way was *not* initiated by Dr. Simmons of the J.A.M.A., and the Pure Food and Drug Law, have resulted in a wonderful change for the better, and the fraudulent preparation or out and out nostrum has become practically extinct. If there are any their advertising is limited to the laity or to "medical" publications which are medical in name only, but which have no circulation and which no physician reads. And the Journal's attempt to become real yellow and to create a sensation will fall flat, very, very flat. It will end in a fizzle. Mark our prophecy. [It is already fizzling out.]

A FREE AND OPEN FORUM.

The Journal of the American Medical Association has lots of room. It is a big journal, and the stereotyped excuse, "lack of space" doesn't hold good with it. It has a membership of over 30000 physicians, many of whom hold diverse views and disagree with some of the policies of the officers of the Association. Why not devote two or three pages a week to letters from members who may wish to express opinions different from those held by the powers that be, who may wish to criticize and to offer suggestions for improvement? Why not create in the journal a truly free platform, a truly open forum for the discussion of various questions of interest to the members of the association and the profession at large? Why not? I can see everything in favor of such a free platform—open of course to members only—and I can see nothing against it. So again, why not?

JULIAN P. THOMAS, QUACK.

Of course everybody knows that Julian P. Thomas, who unfortunately has the right to affix the letters M. D. to his name, is a first class quack. Apparently the uncooked bread business did not pay well, for now quack Thomas has gone into the cure of all diseases, using the usual quack methods. And of course if you live at a distance or are too busy to pay quack Thomas a personal visit, he will treat you by mail. For if there is one thing in which the quacks have the advantage over the poor regular ethical physician, it is their ability to make a diagnosis at a distance of several thousand miles and to prescribe by mail; and their treatment is as good as their diagnosis. While quack Thomas is competent, he tells us, to treat all diseases that afflict mankind, he makes a specialty of sexual and venereal diseases. And the letters he writes to his victims, or his victims-to-be, are so quackish, so full of the impudent, misleading, insidiously deceptive claims of the charlatan, that the pillory or the whipping post for an hour a day, for about thirty days in succession, would be a good thing for him. It would certainly do his victims, whom he has parted from considerable sums of

money, good to see him undergo that old-fashioned punishment, which has unfortunately been abolished in this tender and humane age of ours.

A number of subscribers have sent us letters which they have received from that quack. He has succeeded, he writes, "in perfecting a new method of treatment for diseases of men which will bring joy to the afflicted and astonish the medical world by its simplicity." That treatment is called the "stylo absorbtion." [All the way thru absorption is spelled with a b, and syphilis with double l. By the way, it is curious how ignorant the quacks usually are in their spelling. Very seldom do you find a quack who can spell correctly his mother tongue].

That "stylo absorbtion" is recommended as a preventive and cure of solitary vice, spermatorrhea, gonorrhea, "syphilis," etc. "My treatment," says the quack, "will kill the germs of any of the following diseases: Gonorrhea, spermatorrhea and if suffering with impotency, it will make a man of you." What do you think of the *germ* of spermatorrhea? The whole letter is full of ignorant twaddle and contemptible falsehoods, in the style of the lowest patent medicine fakir. To send out such letters is certainly using the mails for fraudulent purposes. And still many, many dupes will be lured by that letter and under the alluring smooth talk of that modern quack, will be induced to part with their money—and with their health into the bargain.

But what's the use? The dupes we shall always have with us, for not everybody reads the CRITIC AND GUIDE.

A MEETING FOR MEN ONLY.

I was induced last night (Feb. 7) to attend a meeting of the Public Health Education Committee of our County Medical Society. But never, never again. I was buncoed out of three hours of my good, valuable time. The subject of the meeting was sex hygiene for men, and it was advertised to be for men only. Why for men only, I don't know. There was nothing said during the entire meeting which could or should offend a girl of fourteen. Three papers were read: "The Prevalence and Transmission of Venereal Disease," by Prince A. Morrow; "Moral Problems of College Life," by Seneca Egbert; and "What A Father Should Tell His Son," by Ira S. Wile.

And I had hoped that perhaps an original thought, a new idea, a valuable hint, a useful suggestion would by design or accident trickle thru in any of the papers or in the discussion. Vain hopes, foolish expectations. Dr. Morrow's paper dealing with the prevalence of venereal disease was a very good exposition of the subject, tho naturally it could present nothing new. But the other two papers—oh, what platitudes, what circumlocution, what beating about the bush, what confusion of morality with hygiene and physiology, what high faluting but meaningless phrases, and—last but not most important—what misstatements, what perversion—well-intentioned but perversion none the less—of the truth!

A doctor has a right to believe that complete abstinence is perfectly

compatible with perfect health; he has,—perhaps—even a right to preach this doctrine tho in his heart he does not believe it, for the sake of the “good” it may do to young men. But he has not the right to make the misstatement that this opinion presents the consensus of the entire medical profession, or even of a majority of the profession. This is decidedly not so. Only one Jap in the audience had the courage to get up and ask if it was really the unanimous opinion of the profession that gratification of the sexual instinct was unnecessary. Then one of the lecturers had to confess that no, it was not the unanimous opinion, but he thought the great majority believed that way. In my opinion, based upon talk and correspondence with physicians, not even ten per cent believe that way. But of course when it comes to signing resolutions in favor of continence, they haven’t the courage to refuse, as these resolutions are supposed to be for the “good of humanity.”

The gist of all the lectures delivered to, and all the books written for young men, is to tell them the purpose of the sexual organs, and to show by analogy from plant and animal life, how human beings are developed and brought into the world. And the lecturers and writers think they have done a wonderful thing. They think that by showing a boy how a flower is developed from a seed or a chicken from an egg they have answered all his questions, satisfied all his curiosity, and—here is the principal thing—have stifled all his desires, have put a quietus on his sexual instinct for ever and aye—or rather until he has entered into the holy bonds of matrimony. Oh fatuous fatuity!

I will say that all the official lectures given to young men, and all or almost all the books written especially for them, are worthless, because they are not sincere, they are not frank and they do not go to the root of the subject. And I was glad to see that a large number of those present put the proper estimate on the lectures of the evening. Some even dared to ask the question if a knowledge of the proper means of venereal prophylaxis would not prove a more efficient means of combating venereal disease than all the preaching of continence. But our doctors were shocked. What? To put venereal prophylactics into the hands of the laity? Why, that might tend to increase sexual immorality. (Note again the instant confusion of hygiene with morality.)

But we are making progress. We have advanced considerably from the position we were in five years ago on the sex question. And I venture to predict that in another five years the lectures delivered to men only will be more radical, more frank, more honest, and of greater practical utility. The audience by their questions and discussion will force the lecturers into a more radical position. If they refuse to adopt a more open attitude, they will be laughed off the stage and their lectures will be publicly declared piffle, as they were characterized quietly last night by one of my neighbors.

One piece of advice I must repeat and emphasize to the sex lecturers: Please do not confound theology with biology. I have no objection to a man assuming the most extreme religious or moralistic attitude on the sex question—provided he does it openly and says that he speaks as a theologian or moralist. But I do object to sailing under false colors. I do object to a man misleading his hearers or readers by telling them

that he is expounding to them the *facts* of physiology and hygiene, when as a matter of fact his theologic bias is hidden in every one of his utterances.

FREUD AND THE CONTINENCE ADVOCATES.

I wonder if our continence advocates who say with such aplomb that absolute sexual continence is not only feasible, but healthy, and never has any injurious effects, have ever heard of Prof. Freud and his theories? As our continence advocates have high respect for people in official positions, they must have some respect for Freud, who is Professor of Psychiatry in the University of Vienna, a place where one does not get a professorship thru money or pull. The man must have shown his worth, he must have contributed something to the sum total of medical knowledge. Prof. Freud is quite sure and he shows conclusively that quite a large number of nervous disorders and psychic derangements are due to the repression of the sexual instinct. Or shall we say that Prof. Freud is all wrong and doesn't know what he is talking about? Perhaps. He is a foreigner, anyhow, and he cannot come up in knowledge and wisdom to our Y.M.C.A. lectures.

CORRESPONDENCE BETWEEN PROF. OSBORNE OF YALE AND THE EDITOR IN REFERENCE TO AN AD. WHICH APPEARS IN THE CRITIC AND GUIDE.

YALE UNIVERSITY.

*Department of Medicine. Chair of Therapeutics. Oliver T. Osborne, M.D.,
252 York Street, New Haven, Connecticut.*

January 9, 1912.

Dear Doctor Robinson:—

As you know, I am always very much interested in and very much enjoy your CRITIC AND GUIDE; but do you *believe* the advertisement on the last page of the cover of your January issue, viz., the dioradin advertisement? [In this issue the ad. referred to appears on p. 21].

I wish you a happy and prosperous year.

Yours very truly,

(Signed) Oliver T. Osborne.

Here is our answer.

January 10, 1912.

Dear Dr. Osborne:—

I thank you very much for your little note. It is little but it is of great importance. It shows that you have confidence in my judgment, that you believe that I would not admit any fraudulent preparations into my pages; and you know that I would not leave your letter unanswered. It would be a good thing if all readers acted in a similar manner, that is, if when they saw something either in the reading matter or the advertising of the journal which they did not like they asked for explanations from the editor instead of grumbling to themselves. This would clear the atmosphere in a very short time.

You ask me whether I believe the dioradin advertisement. Before answering, let me ask you a question: If we abstract a paper by any author and we give the author's conclusions, does it necessarily mean that

we believe in the author's conclusions? We merely present them for what they are worth. If those statements were made by the manufacturers of the preparation without any support you would have a perfect right to ask, "Do I believe those statements, or what are those statements based on?" In the advertisement in question the statements made are the conclusions reached by men of good standing in the medical profession, who gave the drug a thoro trial in both their private and clinical practice, so what else can we demand? Of course, the authors' conclusions might be wrong, but what right have we to assume that this is the case, and are not their positive statements, based upon experience, to be given more weight and consideration than the statements of people who are merely skeptical on general principles and have not given the drug any trial in their practice?

Were the physicians reporting those results unknown non-entities, we would have a right to take their conclusions with a grain of salt. We might even be justified in entertaining a suspicion as to their integrity, thinking that perhaps they were paid for their favorable reports, but I do not believe that anybody in his right senses could entertain any such ideas about Dr. Bernheim. Dr. Bernheim is a man of European reputation in tuberculosis work. He is independently rich. He has been sacrificing for many years much of his time and money for the alleviation of tuberculosis, so what reason is there to suspect that he had any unworthy motives in experimenting with the drug and in reporting on it the way he did?

I presume you—or if not you, then somebody else not as broadminded as you—would say that the manufacturers should have waited with advertising dioradin until it had been passed by the Council. Now, in all earnestness and sincerity, what value would the Council's report be about a preparation like dioradin? A preparation like this stands or falls exclusively on its therapeutic results, and the report of the Council would be of value only if they took the drug and gave it a thoro trial in say one hundred tuberculosis patients. This you know the Council never does. It merely gives the drug to its chemists to pass upon its chemistry, upon the label, the circular, etc. Such a report, based on such unessential points, whether favorable or unfavorable, is utterly worthless in determining the therapeutic value of the drug.

It seems to me that if a preparation comes to us fathered by a high class chemist or a firm of high class chemists (and, of course, nobody could say anything against the reputation of Prof. Szendeffy, who invented the combination), and physicians of high reputation connected with hospitals and dispensaries have given it a trial and reported upon it favorably, then we have a perfect right to give such a drug a trial at once in our own practice, we have a right to carry the advertisement of such a drug in our advertising pages, and the manufacturers have a right to use the results obtained by the clinicians in their advertisements.

No, dear doctor, I see nothing wrong, nothing improper, in the dioradin ad. on the fourth cover of the January issue of the *CRITIC AND GUIDE*. The trouble is that our Council, while having done a lot of good, has also done a lot of harm. It has muddled up the average practitioner's brain. It has dumped and is still occasionally dumping together worth-

less preparations with really meritorious remedies, which really represent an advance in therapeutics; and sometimes it is a question in my mind whether the good the Council has done is not almost neutralized by the evil it is unwittingly doing.

Before concluding I wish to emphasize that any preparation the composition of which as to the essential constituents is known (the exact method of manufacturing it is not necessary to know and as a matter of fact nobody cares to know it except the pirate and substitutor), *which yields satisfactory results in practice*, and which has the endorsement of reputable members of the profession, is an *ethical* preparation, may be prescribed by the most ethical physician, and may be advertised in the most ethical journal—Council or no Council. The preparation having a suggestive name, or the name being blown in the bottle, or the label giving the therapeutic indications, etc.—all these are unimportant details. The rules in reference to these things are arbitrary and they really do not touch the *essential point, the therapeutic value* of the preparation, *the only thing in which the physician and the patient are interested.*

With kind regards and reciprocating your wishes of a happy new year, I am,

Sincerely yours,

WM. J. ROBINSON.

We emphasize that dioradin is as ethical a preparation as any that is advertised in the J. A. M. A. Thru numerous sources we hear most favorable reports about it. And it seems to us that not only is it permissible for a physician to give it a thoro trial on his tuberculous patients, but that it is his duty to do so. To neglect any agent which reliable men say gives good results in such a desperate and fatal disease as tuberculosis is to be recreant to the obligations of a true physician.

ONE AS BAD AS THE OTHER.

The man who writes laudatory reports of a remedy which he has not tried is an unworthy member of the medical profession. The man who condemns a remedy without having given it any trial is just as bad. Both of them are obstacles to the progress of therapeutics. And the man who has tried a proprietary remedy, has found it to yield excellent results and is afraid to report his findings to the medical press or to a medical society is a coward. The attitude of our excellent Council is making such cowards by the thousand.

A SUGGESTION TO THE COUNCIL.

Let the council modify some of its rules, which we have shown more than once to be childish, unreasonable and unfair, and it will have the support of the entire medical profession, and the J.A.M.A. will not have to wait that the entire propaganda seems to be in vain. Let it make its rules about advertising more consistent and more rational, and it will not be guilty of absurdities, and it will have the support of every medical journal worthy of the name. It is possible to come together on a common platform. It is possible to come to an agreement as to what is important and essential, and what is extraneous, trifling and of no consequence.

Sex Morality—Past, Present and Future is a remarkable book. \$1.00.

THE THREE MOST IMPORTANT MEASURES FOR THE IMPROVEMENT OF THE HUMAN RACE.

The three most important measures for the improvement of the human race from a eugenic standpoint. What are they? I suppose everybody who has given the subject any thought, has his remedies. I have studied the subject for years, and my answer is: 1. Teaching the people the proper means of the prevention of conception so that people may have only *as many* children as they can afford to have, and have them *when* they want to have them. 2. Demanding a certificate of freedom from venereal and other transmissible disease from all candidates for a marriage license. This is bound to come and come soon. 3. The sterilization by vasectomy and oöphorectomy of all degenerates, imbeciles and vicious criminals. This measure has already been adopted by some states and it is but a question of time when it will become universal.

Of the three measures the first one is the most important and still it will be the last one to come, because our prudes think it would lead to immorality. And nevertheless, I will repeat what I said several times before, that there is no single measure that would so positively, so immediately contribute towards the happiness and progress of the human race as teaching the people the proper means of regulating reproduction. This has been my sincerest and deepest conviction since I have learned to think rationally. It is the conviction of thousands of others, but they are too careful of their standing to express it in public. I am happy however to be able to state that my teachings have converted thousands; many of our readers who were first shocked by our plain talk on this important subject are now expressing their full agreement with our ideas. And Congress may pass draconian laws, the discussion of this subject cannot, must not, be stopped.

THE ABSOLUTE NEED OF A GUARANTEED THERMOMETER.

A bad unreliable thermometer is worse than NO thermometer at all; but a tried GUARANTEED thermometer is absolutely necessary to the proper practice of medicine. In many cases it will discover a pathological state of affairs before any other instrument of precision, or any method of physical examination will.

To every new subscriber we will send one highest-grade one-minute thermometer ABSOLUTELY FREE. See Advertising page 16.

A great part of our woes and sorrows are due to our ignorance of the so long tabooed sex question. We believe that a great deal of this world's misery would be obviated if every intelligent man and woman—physician and lay—would read carefully the following four books: Dr. Robinson's Sexual Problems of To-day, Vecki's Prevention of Sexual Diseases, Dr. Robinson's Never-Told Tales and Sex Morality—Past, Present and Future.

No person who claims to be tolerant and broadminded has a right to discuss any questions of sex without having read the above four books.



**A National Department of Health and the National League
for Medical Freedom, or Organized Medicine
versus Organized Quackery.**

BY WILLIAM J. ROBINSON, M.D.

INTRODUCTION.

Once more it has become my duty publicly to defend scientific medicine against the attacks of quackery, once more it is my task to defend the scientific and honest part of the medical profession against the unjust accusations and unworthy insinuations of the fifty-nine varieties of sectarians, faddists, cult followers, charlatans and ignoramuses, honest dupes and crafty schemers. For the question is not merely whether we shall or shall not have a Federal Bureau or a National Department of Health. The question is of much broader significance, and really embraces, as I hope to succeed in showing you, the old fight between science and ignorance, between progress and obscurantism, between altruism and egoism. For I trust I will have no difficulty in convincing you that the cry for so-called medical freedom is merely a cry for license to permit all ignoramuses and charlatans to prey and fatten on the public, unhindered and unrestrained.

RADICALISM AND QUACKERY.

Before we go to the subject proper, it may prove not unprofitable to spend a few moments on the question of the relations of radicalism and quackery. To me it has always been an interesting problem. I could not understand why medical quackery and buffoonery had such a comparatively large following among our various radicals, liberals, free-thinkers, single taxers, socialists and anarchists. One would suppose that people who think—or at least try to think—independently on subjects of religion, politics and economics, would also entertain rational views on general medical and sanitary questions. But, alas, as we know, this is far from being the case; there is not a silly, a contemptible form of quackery that has not its adherents among our radicals—Sunrise Club members among others. Why is it so? This problem, as I said, puzzled me. But I began to look into the matter; and I have found the causes. There is no effect without a cause; and you will always find the causes, if you search for them diligently enough.

The causes for the unholy and ridiculous alliance between

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radicalism and quackery are manifold, and here are the two most important ones:

1st. The first cause is undoubtedly to be found in the general antagonism of the radical to everything regular, established, orthodox, particularly to everything having the sanction of the regularly constituted authorities. Because the accepted theology is behind the times, because our old political parties are rotten, because our economic system is atrocious, it follows that regular medicine must be bad. And here comes the quack and tells him that regular medicine is bad, that the old doctors are but drug dopers and butchers, that we are old fogies who have no real knowledge of anything, that our so-called science is but a patchwork of guesses and empiricism, and that they, the quacks—they do not so call themselves—are the modern followers of modern methods, that they have discarded the old ideas; they tell them these things and many others—and the radical takes them for pure coin; especially as nobody contradicts these statements.

2d. I said, "especially as nobody contradicts these statements." And here we have the second cause of the spread of quackery and its influence among the radicals. Up to very recently the quacks had the field to themselves undisputed. The scientific physicians considered it *infra dignitatem* to go to the public, to take the public into their confidence, to show them the false assertions, the absurd exaggerations, the bordering-on-insanity claims of the quacks, their deliberate lies, their juggling with figures, their intentional perversions; we were too proud to do that and to show to the public that the quack, who sometimes called himself a "liberal" physician, was nothing but a brazen ignorant impostor, whose sole object was to deceive the public in order to be able to fleece it, to prey upon it. We were too proud, the quack was alone in the field, and we therefore had to pay the penalty. But we have perceived our error; if I were not afraid to offend against modesty I would say that I was among the first, if not the first, to perceive this error and to point it out. I was among the first to point out the pernicious fallacy of the belief that truth is bound to triumph, that error will inevitably die. Truth will not triumph unless you propagate it, help it, defend it, error will not die unless you expose it, unless you help to kill it. But now we are taking the public into our confidence, we are telling them the truth, and the quacks are beginning to have a hard time of it. For when it comes to a real combat between knowledge and ignorance, between science and pseudo-science, there can be little doubt as to the final result.

THE NATIONAL DEPARTMENT OF HEALTH.

As to the proposed National Department of Health, if it would really do what The National League for Medical Freedom says it would, I would be decidedly opposed to it. I need not tell you how opposed I am to autocracy of all sorts. You know that my activities always have been and always will be in

the direction of liberty, in the direction of true freedom. But the League for Medical Freedom, whose reason for existence seems to be to fight the Owen bill for the establishment of a National Department of Health, has set up a scarecrow, with which they attempt to frighten the people who are not capable of independent thinking. And I believe you will agree with me that I am not using too harsh language when I say that in many of their statements the members of the League are lying deliberately. For instance, when they tell you, as they are doing repeatedly, that the establishment of a National Department of Health will interfere with anybody's freedom in choosing a physician, will interfere with any method of treatment or any school of medicine, they are lying deliberately and they know it. For they know perfectly well that the Owen bill has absolutely nothing to do with the practice of medicine; it does not in the very least concern itself with the individual treatment of disease; it deals exclusively with the large matters of public sanitation, prophylaxis of disease, quarantine, pollution of streams, etc. They know that if the Federal Government wanted to, it could not interfere with the practice of medicine, for the regulation of the practice of medicine is exclusively a state function; that if a state wanted to abolish all laws regulating the practice of medicine, permitting every butcher and every old woman to practice, the Federal Government could not interfere. Personally I should like it very much, for the sake of the public, if a law *could* be passed which would drive from the field of medicine all the quacks and harpies and ignoramuses and lunatics who now prey upon the people. But there is no hope that such a law will ever be passed—not in the near future anyway. And the chiropractors, naturopaths, mentapaths, oxypaths, panopaths, naprapaths, magnetopaths, electropaths, hydropaths, psychometropaths, oculopaths, vitapaths, absent treatment charlatans, Christian scientists, mental scientists, new-thoughters, tuberculosis quacks, cancer cure scoundrels, lost manhood professors, and all other fakopaths, quackopaths, fraudopaths and humbugopaths, even including the pneuma-psychomana-soma-paths, who to our shame and disgrace are now so outrageously permitted to injure and kill the people, are unduly frightened. Their fear is altogether unfounded. For unfortunately—the Owen bill is not going to hurt them a bit. They will be able to continue in their nefarious work in the future as they have in the past. But it was a good battle-cry and the shrewd organizers and managers of the National League knew that it would unite into one army all the fakirs and non descripts who felt there was something crooked and dishonest about their business; they knew that it would bring them at once into their camp.

I do not mean to say that all the members of the National League for Medical Freedom are quacks, frauds and fakirs, but I do mean to say that all the quacks, frauds and fakirs are members of the National League for Medical Freedom.

THE QUACKS AND PROGRESS.

We live in a progressive age, or at least we flatter ourselves that we do. The worst reactionary thinks that he is a great libertarian, and that he stands for freedom, for progress, for advancement. And the quacks in and out of the League for Medical Freedom think it very clever to try to persuade the people that we, the "regulars," the old school physicians, represent the old time ideas in medicine, stand for reaction, for obscurantism, while they are the followers of modern ideas, have left the beaten paths, and stand for liberalism, liberty and the latest discoveries. Just the contrary is the truth. It is we who are employing every means afforded by the natural sciences—chemistry, physics, biology, botany and zoology—to unravel the mysteries of disease. It is we who use every instrument of refinement and of precision in the diagnosing of disease; it is we who spend our lives in the laboratories, trying to make nature disgorge her secrets of the cause and treatment of disease; it is we who are lengthening the courses of medical studies and are increasing the preliminary education requirements for entering a medical college; and it is therefore that every discovery, without a single exception, in the prevention, etiology, diagnosis and treatment of disease during the past half century has come from the hands of the regular medical profession. What have the quacks done and what are they doing? Are they responsible for a single contribution to the science of medicine? What are they doing besides clamoring to be let alone, to be exempted from any preliminary education, from any regular medical studies? I ask again, have the quacks and the so-called liberal physicians done anything to advance the science and art of medicine and surgery? Absolutely nothing. Where, I ask, are their Trousseaus, Virchows, Listers, Oslers, Jacobis, Billroths, Pirogoffs, Bergmanns, Kochs, Ehrlichs, Metchnikoffs, Behrings, Wassermanns, Schaudinns, Flexners, Meltzers, Carrels, etc., etc.? They have not one man worthy the name of either physician or scientist, or worthy to unloosen the shoes of any one of the men I have just mentioned.

No, ladies and gentlemen, do not permit yourselves to be deceived and misled. It is the quacks who are the reactionaries, who are the ignoramuses, who are the obscurantists. Not from them can you expect any progress in the prevention and cure of disease. The future of medicine is in the hands of the regular scientific medical profession. It is sufficient to point to our progress in the etiology and treatment of diphtheria, malaria, yellow fever and syphilis and to our perfectly wonderful achievements in every branch of surgery, including surgery of those most vital organs, the brain and the heart, to be convinced that the future will bring us still greater results, still greater marvels. And when we see how everywhere where scientific, properly organized medicine has its sway the mortality rate is going

down, we cannot help a feeling of resentment and contemptuous pity against those who, in ignorance and wickedness, join the camp of the opponents of regular scientific medicine.

ANCIENT AND MODERN MEDICINE.

The quacks, in their endeavor to ridicule and to discredit present-day scientific medicine, show the people how crude and ignorant the physicians of former ages were. They bring up the pharmacopeias and materia medicas of two and three hundred years ago and show what nasty stuff and what big doses "we" used to prescribe. We can afford to laugh at these silly charges, *for they do not concern us*. What have we, modern followers of a modern system of medicine, to do with the doctors of a century or two ago? As well cast ridicule on the chemical wizards of to-day because their predecessors, the alchemists of old, were full of childish notions and silly prejudices. As well sneer at the great astronomers of to-day because the old astrologers entertained ideas and vagaries which would do credit to—a new-thoughter or Christian scientist of to-day. No, do not saddle us with the responsibility for the ignorance, lack of logical reasoning, fanciful notions and tremendous doses of our ancestors. Modern scientific medicine, which applies the experimental, analytical, scientific method, which demands proofs, reproduces the same conditions in animals and applies the remedies experimentally, is—as I have said many times before—but half a century old.

And I assert without fear of contradiction that no other science has in half a century made greater progress than has medicine. And, speaking of medicine itself, it has within the last fifty years made more progress than it has during the previous 500 or 5,000 years. All our notions of disease, its nature, its causes, its rationale of cure, have undergone a complete revolution. And the future of scientific medicine is full of glorious promise.

MEDICINE AND RELIGION.

The quacks always like to compare medicine with religion. It is a favorite line of argument with them. What would you say, they like to ask, if one religious denomination tried to create a monopoly of all religion and attempted to suppress all other religious denominations? Are you not for religious freedom? And as they of course receive an affirmative answer, they then ask triumphantly: Well, why are you not for medical freedom? This line of argument is as puerile as it is disingenuous. First, your professing a certain religion does not imperil the public health. But when a sect professes its belief that there are no germs, that no disease is catching, and act accordingly, it becomes a menace to the community and must be suppressed. And when a man says that it is not necessary to know anatomy or pathology or chemistry in order to treat disease, he becomes as dangerous as any homicidal paranoiac and should be restrained. Second,

they might as well ask, if you are for freedom to profess any religion, why are you not for freedom to commit burglary, rape and murder? Reasoning by analogies and similes is a dangerous thing. Only the analytical mind can perceive the fallacies and pitfalls—the average mind is caught in the net of sophistry and becomes too entangled to be able to find the way out. Religion has nothing to do with science. Religion is a matter of faith. All you have to do is to believe a certain way and you are fully competent to be a follower of that certain religion. No exact knowledge is necessary. But in order to practice medicine some definite knowledge is necessary. Even the lowest and worst of quacks will admit that. And we do not want to suppress this or that way of treating disease. *But* we do want that he who undertakes to treat human disease should show that he has devoted some years to a study of the anatomy, physiology and pathology of the human body. Somehow or other we do not think that it is sufficient for a man to say that he is a physician to make him a physician. If a man wants to engage in the plumbing business he has to study several years and show his proficiency in the work. If a man wants to be an engineer he has to undergo several years of study and pass a rigid examination; if a man wants to be a ship captain his mere statement that he could take a steamer across the Atlantic is not considered sufficient. And we don't let him try either, unless by many years work in subordinate positions and by a successful examination before a competent board he has shown that he is a safe person to be entrusted with the guiding of a ship in tempestuous waters. We do not tell him that he must guide the ship in a certain definite line, but we do want to be sure that he knows how to guide a ship in general, and that he has judgment enough in case of difficulties. Why should it be different in medicine? Why should every charlatan, every ignoramus, every good-for-nothing who is unwilling or unable to earn an honest living at street sweeping or shoemaking, every vagabond who has not brains enough to acquire a medical education, be permitted to call himself a doctor and to deceive, rob and injure the sick? I have asked these questions before, but they have not been answered yet, for they cannot be answered.

Yes, we do live in a glorious country. If you are too stupid or too ignorant or too lazy to obtain the degree of M. D., do not despair; all you have to do is to turn the letters around and call yourself D. M., which means Doctor of Magnetics, and does not cost any time or labor to acquire. Or you can leave the D. in its place but instead of M take the next letter in the alphabet: that is, instead of M. D. call yourself N. D., which means Naturopathic Doctor, and is so easy that any paranoiac is competent for the degree. As our alphabet contains twenty-six letters, you can make any fanciful, meaningless combination, and the more meaningless the more dupes and victims you will have. Yes, this is a glorious country and I call for three cheers for medical

freedom—freedom to befog the minds and injure the bodies of the American people!

SUMMARY.

Let me summarize this necessarily brief and incomplete address:

1. The most important task that the true liberals and radicals have to accomplish is as quickly as possible to get a divorce from quackery. They must learn that quackery is masquerading in a false garb, that it does not represent liberal and progressive tendencies, but stands for ignorance, reaction and obscurantism.

2. A National Department of Health would deal only with the large affairs of public health, prevention of epidemics, quarantine, pollution of streams, etc. Its purpose is to coordinate the existing bureaus of health in order that matters of public sanitation may be attended to more expeditiously and more effectively.

3. A National Department of Health could not and would not interfere with any school or system of medicine or any sect. Regulation of the practice of medicine is purely a state function, with which the Federal Government has nothing to do.

4. It is not our intention or desire to interfere with anybody's method of treatment. All we want is that those who wish to treat the sick should show their competence for this delicate life-and-death work.

5. The National League for Medical Freedom has set up a man of straw, to act as a scarecrow to the gullible and weak-minded. It is trying deliberately to deceive and mislead the people. I do not like to say it, but as it is true, I must say it.

6. And last but not least, I would like you to carry this thought away with you. The fight is not between a mythical medical trust and medical libertarians, between medical tyranny and medical freedom; the fight is between progressive, scientific medicine on the one hand and organized quackery on the other. The National League for Medical Freedom is misusing the last word of its title; it should change the word Freedom to the word Quackery—and then the world will know just where it stands and what it stands for.

Druggists and Gonorrhea. Another Case of Silver Nitrate Urethritis.

BY WILLIAM J. ROBINSON, M. D., NEW YORK.

It is my firm opinion that among druggists as a class there are more cases of uncured chronic gonorrhea or of some of its chronic manifestations than in any other class in the community, of equal social and professional standing. The reason is not hard to find. The business man, the banker, the lawyer, the writer, etc., when they get an attack or a "touch" of gonorrhea, generally apply to a physician for treatment. Many go even at once to a specialist. Not so our friend the druggist. Because

he makes up every day prescriptions for gonorrhea, he really thinks he is competent to treat the disease, either in others or in himself. And so when a few days after an "illicit" exposure, he notices a burning in the urethra or when the unmistakable drop, soon changing into a "running stream," makes its appearance, he begins to treat himself. From the prescription file he picks out the prescriptions of the physician who has the highest reputation as a specialist, puts them up and begins to dose himself with them. Sometimes he is satisfied with an internal medicine alone, sometimes he uses an injection also. He does not know that there are different stages of gonorrhea, and what may be useful in one stage may prove injurious in another. And so he continues to treat himself. And if the pain on urination diminishes under the treatment, and the discharge becomes less in amount he is very happy, thinking he has struck the right thing, and he will be soon cured; and all without having to pay a doctor's fee. But two, three or four weeks pass and his enthusiasm begins to wane; the discharge refuses to stop, and may even increase in amount; the urination becomes more painful, and more frequent; he has even pains in the rectum. In short, the anterior inflammation has extended into the posterior urethra, and he has now a posterior urethritis, and perhaps also a prostatitis. If he uses too strong injections and is not particularly aseptic, he may also set up an epididymitis. If he is wise, he will then consult a competent specialist. But some are so sure that they are as competent to treat a gonorrhea as is any M. D., that they continue to treat themselves; they may change the prescription, or increase the amount or the frequency of the dose. Or they may consult a physician friend who comes into the drugstore, and who without any examination will advise some routine treatment. It is from this class of druggists that come the obstinately chronic, occasionally even incurable cases. For when they do finally come to the specialist, the mucous membrane of their urethras has undergone such organic changes, the prostate and the seminal vesicles are so chronically inflamed, the gonococci, in the active or dormant state, are so scattered and so deeply embedded in the various tissues of the genito-urinary tract, that only with great patience, with a great expenditure of time and money—things with which the average druggist is very scantily supplied—can we expect to achieve any noticeable results.

The case I wish to report here possesses several points of interest. The patient, X. X. X., a prominent member of the pharmaceutical profession, contracted gonorrhea six years ago. As he was a clever man in pharmacy, his papers being sought by the pharmaceutical journals and pharmaceutical associations, he thought he was also clever in venereology. He treated himself with argyrol, protargol, potassium permanganate, zinc sulphate, bismuth subnitrate, Lloyd's hydrastis, hydrogen peroxide,

etc. externally, and with santal oil and its various combinations internally. And *mirabile dictu* in about fourteen weeks he was cured. That is, he thought he was. He had no discharge, and this to his mind was the proof that the gonorrhea was cured; this pernicious idea still lurks in the minds of the laity, and unfortunately also in the minds of many country and not a few city physicians. Every four to six months, however, he would notice again a slight discharge, which he would ascribe to a fresh infection. But as he would "cure" it each time with a few injections of zinc sulphate and potassium permanganate, he attached no importance to these attacks and used no precautionary measures or prophylactics. During one of those attacks he injected himself rather forcibly, or perhaps the syringe was not aseptic, and he was laid up for three weeks with a severe epididymitis. He was then treated by a competent physician, and when he got well of the epididymitis he continued to treat himself without a doctor—for about six months—until he was all well—according to his statement. That is, his urine, which always contained shreds, cleared up almost perfectly, showing only a few small flocculi. Repeated examinations by a bacteriological laboratory showed absence of gonococci; whether the examinations in those laboratories are always conducted with the painstaking care and attention to all minutæ that such examinations demand, I do not know, but all the reports he brought with him stated: gonococci not found. He remained apparently well up to about eight months ago. Once in a while he would feel a little moisture about the meatus, either spontaneously or after micturition or defecation. It is my opinion, that this was nothing but a little secretion of mucus from the urethral glands, or perhaps some prostatic fluid. Eight months ago he became engaged, and then the little moisture increased in amount, and was more frequently in evidence. Again it is my opinion that it was an innocent affair—a slight urethrorrhea or prostaticorrhea is not a rare phenomenon in *engaged* men. But he became annoyed, thought it was his old gleet, and decided to cure it himself. He inquired of a physician, what was, in his opinion, the best treatment for chronic gleet and the doctor told him that as far as he knew, deep instillations of a five to ten per cent, solution of silver nitrate gave the promptest and best results. Glad of the information, our friend secured a 4 drachm syringe and filled it with a ten per cent. solution of silver nitrate. The very clever druggist, clever in his own line, did not know the difference between instillations and injections. He held in the injection for about five minutes, in spite of the fact that the pain was acute. There was immediate strangury, and in spite of his repeated painful efforts to urinate he was unable to do so. About ten hours after the injection, the pain, strangury, desire and inability to urinate became excruciating and he applied to a physician, who catheterized him after much effort. He was ordered

morphine and atropine suppositories, potassium citrate and fl. ex. hyoscyamus internally, and hot baths. This improved the condition somewhat, but the following morning he woke up with an abundant purulent and sanious discharge, and the urine contained much debris and large shreds. Micturition was painful and frequent. He consulted three physicians in rapid succession, but expecting too rapid results, he was too impatient to use the prescribed treatment faithfully and systematically. After six or seven weeks of desultory treatment he applied to me. I found no gonococci, the discharge was practically sterile, but I found several strictures of large caliber. I explained to him his condition. I told him that he was suffering from chemicals, in his case, silver nitrate urethritis, and I impressed upon his mind that if he expected a rapid cure he should seek another physician, that I was not a cure-quick doctor. Many patients need a talking to right at the start. It clears the atmosphere, and teaches them not to be impatient and not to expect miracles. My patient became very docile, admitting that the proverb that he who treats himself has a fool for a patient was even truer than the one used about lawyers, and he followed instructions religiously. The treatment consisted principally in passing sounds and Kohlmann's dilators and in instillations and injections of sterilized solutions of aristol or euophen in olive oil. After four months' treatment, twice a week at first, and once a week toward the end, I was able to discharge him *cured*.

This is the fourth case of chemical urethritis that has come under my notice within recent years. The first three cases I reported in *The Medical Record* (April 8, 1911; reprinted in *THE CRITIC AND GUIDE* for October, 1911). And I repeat here what I stated there, that there are thousands of people walking about with urethral discharges which were caused by assaulting the urethra, already weakened by gonorrheal infection, with some irritant chemicals, and who would have remained well if their urethra had been left alone, at least, if it had not been subjected to barbarous tests, which are without any reason, any justification.

A NEW ELEMENT IN MEDICAL JOURNALISM.

With the foundation of the "Critic and Guide" a new, hitherto unknown element was brought into medical journalism. Up to that time there was NO medical journal in the country whose editor could and did write just the way he felt, without "counting the cost," without caring to know if what he wrote pleased or displeased his publishers, advertisers, readers, friends, enemies, colleagues, etc.; who disregarded conventionalities, who told the truth in an unvarnished manner, even at the risk of losing "caste." In literary journalism we had had at the time some strictly personal independent organs, but in medical journalism the "Critic and Guide" was the first Free Lance. And it still remains the only Free Lance, Free Lance in the noblest sense of the word.

The Editor finds to his consternation that this entire issue has been written by himself.

THE MEDICAL GUIDE

Abstracts on Therapeutic Subjects, Interspersed with Diagnostic
Points and Interesting Medical and
Historical Facts.

The Treatment of Acute Bronchitis.

In most cases of bronchitis of the larger tubes (tracheobronchitis) in adults, the attack is self-limited and little treatment is required beyond the usual household remedies such as a mustard foot bath, or hot bath, followed by hot drinks to induce a copious sweat and a saline laxative the next morning. Whenever the temperature reaches 100° F., however, the patient should be kept in bed in a room well-ventilated but with a warm, moist and equable atmosphere.

In the first stage remedies that increase expectoration, such as ipecac and ammonium chloride are useful; in the second stage, remedies that diminish it—senega, sodium benzoate, turpentine, the alkaline carbonates and sometimes belladonna. An infusion of ipecac is more trustworthy than the fluid extract—from gr. ss. for infants to gr. x. for adults in $\frac{3}{4}$ II. Ammonium chloride is best given in small, frequent doses: teaspoonful of a 1 to 1.5 per cent solution every hour for 24 hours, then every two hours until the desired effect is produced.

The following combination of ipecac and ammonium chloride is very valuable:

Infus. ipecac	gr. x to $\frac{3}{4}$ I ss. of water
Ammon. chlorid.	gr. xv
Syrup.	$\frac{3}{4}$ ss.

One teaspoonful every two hours (for adults). Inhalations may also be used every two hours: for making the secretion fluid, aqueous vapor or some alkali such as sodium bicarbonate; to reduce secretion, turpentine or eucalyptus. Emetics are to be used only when there is danger of suffocation or extension as a result of excessive accumulation. A hypodermic injection of apomorphine will serve this purpose as well as ipecac in emetic doses. Codeine or, when necessary, morphine may be given to robust adults, but must be avoided in children. Cold packs around the chest often relieve pain and dyspnea, and very valuable for this, as well as for its curative effects, is the Priessnitz compress of flannel around the entire chest, wrung out of water as hot as the patient can stand, covered with oiled silk and renewed when cold or as often as seems necessary. Debility after the passing of the attack should be combatted with the bitter tonics, iron, arsenic, quinine.

In infants and children, altho in the great majority the disease is self-limited, severe cases are much more dangerous

on account of the greater danger of extension to the finer tubes and ensuing pneumonia. Children should be kept indoors, in bed if there is any fever, and a cathartic should be given at the outset. Infants should wear the oiled silk jacket. The chest should be covered with a mustard paste, covered by a towel, long enough to thoroly redden the skin, which will take from five to ten minutes. The skin should then be powdered and the oiled silk jacket put back. This may be repeated from two to eight times a day. Altho small doses of Dover's powder or phenacetin may be employed at the beginning to abort mild cases, opium or expectorants should be avoided in infancy and the chief reliance placed on cardiac stimulants, inhalations and counter-irritants. In case of weak pulse and general prostration, $\frac{1}{2}$ ounce of brandy diluted with from 6 to 8 parts of water may be given during each 24 hours in small doses frequently repeated. In very severe cases, as respiratory stimulants, strychnine $\frac{1}{400}$ grain and atropine $\frac{1}{1200}$ grain may be given every two hours to an infant of six months, in combination or alternately. For a short time twice this dose may be given. Older children may be permitted brown mixture, made with half the usual amount of opium, or phenacetin and Dover's powder (two grains of the former to one grain of the latter to a child of five, repeated three to six hours), or heroin $\frac{1}{60}$ grain every three hours, if caution is used. If dyspnea becomes alarming and cyanosis on lips and finger tips is marked an emetic should be given at once.

Treatment of Chronic Bronchitis.

Sufferers from chronic bronchitis should, so far as possible, lead an outdoor life, taking care to be warmly clothed. Whenever the patient's means permit, removal to a mild climate near the sea, as Florida or Southern California, is of the greatest benefit. In cases where this is impossible, respiratory gymnastics and hydrotherapy are extremely valuable. Mouth breathing must, of course, be avoided, and the patient should be instructed to practise deep breathing twice daily in the open air or before an open window. This should be combined with the following exercise: (1) Full inspiration with elevation of the arms to the horizontal; (2) the same with expiration and flexure of the lower limbs; (3) a combination of the two. Prolonged warm baths before retiring are very beneficial, as are cold compresses or douches over the chest in the morning, at a temperature (50° to 80° F.) determined by the reaction of the patient. The latter are easiest given by pouring the water over the chest and back of the patient while he is sitting in a half bath of warmer temperature.

One of the simplest and most effective measures is having the patient sleep with his head low by elevating the foot of the bed. This prevents the accumulation of the secretion in the bronchi during sleep, thus not only affording undisturbed rest

but also removing one of the principal causes of the continued inflammation. Sodium bicarbonate in warm milk often relieves the cough. Whisky at bedtime frequently gives a restful night to the aged. A combination of sodium bicarbonate, gr. 15 (1 gm.); sodium chloride, gr. 5 (0.3 gm.); spirit of chloroform, m. 5 (0.3 cc.) in anise-water, added to an equal quantity of warm water, is good. Inhalations of aqueous vapor to which have been added one or more of the volatile remedies, such as creosote, eucalyptol, menthol or compound tincture of benzoin, are valuable in intercurrent attacks, especially if internal remedies are badly borne by the stomach. An oronasal respirator may be worn at night if the breathing is sufficiently free, terebene, menthol or eucalyptol being used in the sponge.

Among the internal remedies, the following are recommended:

Turpentine.

Purified Tar. ãã 5 ss. (2.0)

Balsam of Tolu. 5 I ss. (6.0)

Sodium Benzoate. 5 II ss. (10.0)

For eighty pills: eight per day.

Or copaiba and tar, gr. 4 (0.25 gm.) of each being given in capsule form four to eight times a day.

In a disease of such varied etiology and so many individual peculiarities in different patients, special attention should be directed to the general health, and to the condition of the digestive and excretory organs and the heart. Anything which improves the general health lessens bronchial secretion, as defective elimination, toxemia and poor circulation play a prominent part in the etiology. Iron, quinine, strychnine, cod-liver oil, glycerophosphates, etc., are frequently needed, and in patients with weak hearts cardiac stimulants are required, together with moderate exercise in the open air and the daily cold bath if the patient is not too weak to react favorably.

In cases where the sputum is fetid equal parts of carbolic acid and alcohol should be inhaled frequently from a mask or ether inhaler. Or the putrid odor may be destroyed by pouring a strong disinfectant solution on the bedclothes or hanging strips of muslin dipped into it around the bed. [Prescriptions for acute and chronic bronchitis appear on p. 116].

Cardiac Arrhythmia.

For functional cases, in which the neurotic element predominates:

Zinc valerate } ãã grs. xxx
Iron valerate }

Strychnine sulphate gr. I

Digitalis, in powder grs. viiII

M. Ft. capsulae No. xxx

One after meals.

Hiccough.

Dr. A. de Yoanna (*N. Y. Med. Journ.*) states that five drops of tincture of musk in a teaspoonful of any aromatic elixir, given once or repeated after five minutes will stop the worst hiccough due to nervous

or other hysterical causes. Dr. M. Neustaedter recommends the strapping with zinc oxide plaster of the entire abdomen, beginning from the nipples down to the pelvis; potassium bromide, one gram, and chloral 0.2 gram at one dose, three times daily; exclusive milk diet and plenty of alkaline water, such as vichy, not effervescent. This has cured cases that for weeks did not yield to any other treatment. After the hiccoughs subside tonics, such as strychnine nitrate in doses of 0.002 gram (1/30 gr.), three times daily, and a bland fluid diet should be kept up for fully three weeks. If hiccough does not reappear at the end of this time, solid diet can be given. Constipation should be relieved by enemata and no cathartics or laxatives administered during the period of hiccough.

Acetone-Alcohol for Sterilizing Hands.

In the maternity hospital at Basel, Labhart and his assistants have got almost ideal results in the prevention of puerperal sepsis by the following procedure: The hands are soaped and scrubbed in boiled water for five minutes and the nails scrupulously cleansed. The hands are dried with a compress of sterile gauze, and carefully rubbed for five minutes with a second gauze compress soaked with alcohol mixed with one to two per cent of acetone. Of 12,000 women confined during the last eight years, only one suffered from puerperal sepsis, and there are reasons to think that this was not from an external cause.

Hard Chancre in the Urethra.

Hard chancre of the urethral canal is not as rare as has been supposed until recently. It is generally diagnosed as gonorrhoea, but if the physician will bear in mind the induration, the scanty, serous and often hemorrhagic secretion, the absence of pain on urination, and the greatly diminished volume of the stream, he will not be long in arriving at a correct diagnosis. It is also well to bear in mind that the urethra is not immune from the secondary and tertiary changes of syphilis.

Seven Advantages of Sulphur as an Intestinal Antiseptic.

Dr. Wild praises sulphur very highly as an antiseptic in the proceedings of the Royal Society of Medicine. Its advantages, according to him, are as follows:

1. It is almost tasteless, and easily administered.
2. It is insoluble in the stomach and the greater part of it passes along the whole length of the alimentary canal.
3. It does not interfere with the action of any of the digestive secretions.
4. It forms active antiseptic substances in the intestines, when their contents become neutral or alkaline. Some of these substances are gaseous and penetrate to all parts of the intestine.
5. It is sufficiently non-poisonous to be given in effective doses.
6. It has valuable laxative properties which promote the early evacuation of the intestinal contents.
7. It is cheap.

Furunculosis.

Buzzi says: "If pustules and furuncles are scattered more or less all over the body, and a condition of furunculosis exists, it is advisable to treat each individual lesion separately by painting it with a more or less concentrated solution of Thiol. Thereby the progress of undeveloped furuncles is stayed, while those fully developed quickly heal, especially if the pus be expressed before painting them." In one case of general furunculosis in a child, Wirz painted every furuncle with Thiol, and soon effected a complete recovery.

- ℞ Thiol. liquidi..... I oz.
 S. To be applied with a soft brush.
- ℞ Thiol. liquidi..... I oz.
 Glycerini..... I dr.
 S. To be applied with a soft brush.

Formulas and Prescriptions

Bronchitis, Acute.

Ammon. chloridi. 3 i
Syrup. senegæ. 3 ss.
Tr. opii camphorat. 3 i
Syr. tolu. 3 ss.
Aq. gaultheriæ. ad 3 ii
Teaspoonful every two hours.

Codeinæ. gr. ii
Potassii citratis. 3 i ss.
Spirit. etheris nitrosi.
Syrupi ipecac. āā 3 ii
Syrupi lactucarii. ad 3 iii

A half teaspoonful to one teaspoonful every three hours. (In young children.)

Codeinæ. gr. 1/6
Apomor. hydrochlor.,
gr. 1/30-1/20
Acid. hydrocyanic. dil. .m i
Syr. pruni Virginiani. .3 ss.
Aquæ. ad 3 i

A teaspoonful every three or four hours.

Terpini hydratis. 3 i
Guaiacol carbonatis. 3 ii
Strychninæ sulph. gr. ss.
Codeinæ. iii
Div. in capsules No. xxx.

Two capsules four times a day.
(When expectoration is thick and purulent.)

Potass. citrat. 3 ss.
Apomorph. hydrochlor. gr. i
Syr. ipecac. 3 ss.
Succi limonis. 3 ii
Syr. simp. ad 3 iv

Dessertspoonful, in water, every three hours. (In first stage).

Ammon. carb. gr. xl
Spt. chloroform. 3 ss.
Infus. senegæ. 3 viii

Two tablespoonfuls every four to six hours.

Terebeni. 3 ss.

In children, two to five drops on sugar every four hours, according to age.

Vini ipecacuanhæ. 3 ii
Liq. potass. citrat. 3 iv
Tr. opii camphorat.
Syr. acaciæ. āā 3 i

Tablespoonful three times a day in the first stage.

Bronchitis, Capillary. (Bronchiolitis).

Ammonii carbon. 3 ii
Ammonii iodidi. 3 iii
Syr. glycyrrhiz. 3 ii
Aquæ. 3 ss.
Syr. tolu. ad 3 iv

Teaspoonful every 2-3 hours in water.

Bronchitis, Chronic.

Potassii iodidi. 3 ii
Tinct. belladonnæ. 3 ii
Spt. etheris comp. 3 i
Fluidext. pruni virg. .3 ii
Syrupi. 3 vi
Aquæ. ad 3 iii

A teaspoonful in water three times a day.

Chloroformi. 3 ss.
Creosoti
Terebini
Olei pini sylvestris. aa 3 i ss.
Alcoholis. ad 3 i

From 5 to 20 drops to be used in inhaler several times a day.

Thymolis. gr. xv
Eucalyptolis. m xx
Creosoti (Beechwood). 3 ii
Ol. pini sylvestris. 3 iv
Methylis salicylatis. 3 i

Inhale 5 drops three times daily.
Put into a small cup, and while being warmed over a spirit lamp, inhale the vapor.

Asthma.

Morphinæ sulphatis .gr. iii
Atropinæ sulphatis....gr. 1/8
Aquæ dest. 3 vi

Inject 15-30 minims hypodermically, and administer internally the following:

Sodii iodidi. 3 i
Potassii iodidi. 3 i
Fluidext. euphorb. pill. 3 i ss
Spir. glycerylis nitratis m x v
Tinct. lobeliæ. m xxx
Elix. aurantii. 3 iii ss

Teaspoonful to tablespoonful three times daily.

SEXUAL PROBLEMS OF TODAY, BY WILLIAM J. ROBINSON, M.D., President American Society of Medical Sociology, Editor of The American Journal of Urology and of The Critic and Guide, Member American Medical Editors' Association, American Medical Association, Fellow New York Academy of Medicine, etc.

We are glad to be able to announce that Dr. Robinson's "Sexual Problems of To-day," for which there have been so many inquiries, is at last off the press and is ready for immediate delivery.

An enumeration of a few titles of the subjects of which the book treats will give an idea of its scope: Importance of the Study of Sexual Diseases.—The Relations Between the Sexes and Man's Inhumanity to Woman.—The Influence of Abstinence on Man's Sexual Health and Sexual Power.—The Double Standard of Morality and the Effect of Continence on Each Sex.—The Limitation of Offspring: the Most Important Immediate Step for the Betterment of the Human Race from an Economic and Eugenic Standpoint.—What To Do With the Prostitute and How To Abolish Venereal Disease.—The Question of Abortion Considered In Its Ethical and Social Aspects.—Diseases Causing the Greatest Suffering and Having the Largest Number of Victims.—The Wrecking of Human Life and Happiness.—"For Young men."—An Interesting Case Involving a Moral Question.—Prostitution and Our Moral-Sanitary Prophylactors.—A Moral Dilemma.—Consanguineous Marriages.—Should Venereal Diseases Be Reported.—Automobiling and Sexual Impotence.—The Influence of the Prostate on a Man's Mental Condition.—The Effect of Vasectomy on Human Sexuality.—Five Cesarean Sections on One Woman.—The Price of a Kiss.—Torturing the Wife When the Husband is At Fault.—"The Dangerous Age."—Prophylaxis More Important Than Preaching.—The Most Efficient Venereal Prophylactics.

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A FEW OPINIONS.

"I have read your book, 'Never Told Tales,' and 'The Limitation of Offspring,' and I wish to say that you deserve the thanks of all progressive people for your fearless stand in propagating the truth. You have placed yourself thereby in the small class of human uplifters."—Saginaw, Mich. ALBERT GLUCK.

My dear Dr. Robinson:—I take the liberty to write to you in this most informal manner, first of all because I feel quite sure that formality does not play any important part as far as you are concerned; and secondly, because I feel as if I knew you personally altho I have never had that pleasure.

I am a very ardent reader of your admirable journal and have read every word of it for the last five months with so much interest that I feel as if I would like to hear you personally on many of the things you so aptly write about. I am a social worker, and from this point of view cannot help but agree with you on many of the subjects you talk about, particularly regulation of childbirth. I feel myself very strongly in favor of fewer but better children.

Would that we could have more people fearless enough to say what they think and live, the way they think. Very sincerely yours,

ELIZABETH ———.

Dear Doctor:—Enclosed find my check for four dollars to be applied as follows: Three dollars for four years subscription to the CRITIC AND GUIDE and one dollar for a copy of "Never Told Tales". I consider the CRITIC AND GUIDE *indispensable* to the up to date physician.

DR. OWEN KRUEGER.

Kansas City, Mo.

Pilocarpine before Salvarsan.

Dear Doctor:—On page 12, of the Jan. 1912, CRITIC AND GUIDE, I notice an item about Pilocarpine after Salvarsan. I am sending you herewith two articles of mine on salvarsan, in which you will note that since 1910, I have been administering pilocarpine hydrochloride three times a day for two days *before* giving salvarsan.

JOS. L. BOEHM, M.D.

St. Louis, Mo.

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Very truly yours,

WILLIAM H. UPTON, M.D.

1994 Lexington Ave., City.

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Ed. CRITIC AND GUIDE:—I wish to congratulate you on your editorial in the January number, relative to the Journal A. M. A. and the council. I fully agree with you that some one should occasionally call attention to their unjust and unfair criticisms. I agree with what you have said in that editorial and No. 5 of your summary states the matter entirely as I see it. No man or combination of men has yet reached the point where they may claim infallibility and show uncontrollable resentment against any criticism. Fraternally,

W. O. HENRY, M.D.

Omaha, Nebraska.

"The CRITIC AND GUIDE has become a necessity and serves as refreshment and as a bracer."—DR. GEO. VANDEN, Gallipolis, O.

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THE MEDICO-PHARMACEUTICAL

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WILLIAM J. ROBINSON, PH. G., M. D., EDITOR.

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The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

The Editor is responsible for his own opinions only. He always tells the Truth or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth
Than never to tell the truth for fear of making a mistake.

Vol. XV. NEW YORK, APRIL, 1912.

No. 4.

EDITORIALS AND EDITORIALETTES

ALIMONY.

Alimony is the meanest money that is taken—by women. It is bad enough to marry for money; it is bad enough to maintain an immoral marriage for money; but to give up this mercenary commerce and then take money when no longer delivering the goods—! There is only one meanness to be mentioned in the same breath; taking "damages" for "breach of promise."

Some hold it a man's duty to "support" his wife, on the ground that her position as his wife prevents her from earning her living. When she is no longer his wife this does not hold.

Some say that the man should provide for his children; "his" children, note. They are also "hers" surely. But even if he should have the whole burden of their maintenance—that is not "Alimony." Divorcees without children, young women, quite competent to earn their livings, eagerly claim alimony, take it and live on it; never giving a thought to the nature of their position.

But a woman's health is often ruined—she is in no condition to earn her living—is urged.

Very well. If a woman is really injured by her marriage she should sue under the employer's liability act. She should claim damages—not alimony.

Charlotte Perkins Gilman.

I yield to nobody in respect for Mrs. Charlotte Perkins Gilman, in admiration of the high analytical quality of her mind and of the excellent, continuous and consistent work which she has been doing these many years. And nevertheless

I find it very difficult to refrain from using a strong adjective in characterizing the above passage. I cannot understand how Mrs. Gilman could be guilty of such sentiments, which I would characterize as commonplace and platitudinous if they were not at the same time so inhuman.

We do not speak of the future state of society when all women will (*and perhaps they will not*) be economically independent and able at all times to earn a living. We are considering present-day conditions, and I say that at the present time to deny the *ethics*, the fundamental *justice* of alimony in most cases is to show either a befogged state of mind or a cruel streak in one's makeup, or both. When I look at the thousands of women past middle age who never had a profession or a trade, or if they had a profession were obliged to neglect it (because they had to keep house and bear children and bring children into the world and educate the children) and who, if some of our ultra reformers had their way, would be thrown upon the street penniless and helpless, I am imbued with a feeling of horror, and I am glad that in this, as in so many other respects, the common sense of the community at large is more correct, more just, more kind than are our most advanced doctrinaires.

Far from considering alimony a mean and contemptible sort of mercenarism, I consider it an altogether insufficient and inequitable division of the wealth of the couple, which wealth should by rights belong share and share alike to husband and wife.

Let us take an example. Mr. X gets married. Neither he nor his wife has any money. He pursues a trade or a profession. She does an equal share of the work by keeping house, with everything that that implies, and by bringing up the children. I do not see that his work is in any way more arduous, more irksome or more hazardous than her work is—in fact just the contrary is the case. At the end of twenty-five years, we'll say, X has accumulated a fortune of 100,000 dollars. At the same time Mrs. X has lost her youth and her freshness, and Mr. X has gotten somewhat tired of her, or he thinks he has gotten tired of her. At any rate he yearns for a fresh female body and he contemplates getting a divorce. Mrs. X, too proud to keep a man who doesn't care for her any longer, or who thinks he does not care for her any longer, is willing—never mind what heartaches she has and what her pillow hears as she lies thereon night after night tossing her sleepless head—to separate. Why should she not be entitled to half of the wealth? She has earned it just as much as he has, and if the women were wise they would not put themselves in a position to ask or demand or sue for alimony, but they would see to it that everything the husband possesses should also be in their name, so that when it comes to a crisis or a separation, the woman would by right, the same as any partner in any other business, demand one-half of the property.

No, Mrs. Charlotte Perkins Gilman will have to reconsider the matter, and I trust that she will change her views on the subject of alimony. She is so generally right that it is painful to see her wrong even once.

That there are exceptions, that there are cases where the woman is worthless and neither deserves nor needs the alimony, I admit. But there are exceptions in all social relations and exceptions do not militate against the general rule.

THE GENTLE AND TRUTHFUL ANTIVIVISECTIONIST.

When we say that many of the antivivisectionists are *non compotes mentis*, that many are afflicted with a genuine zoophil psychosis and that many are simply unmitigated liars, we are accused of being too harsh to our opponents, and of using unparliamentary language. Here is a sample of the gentle refined language, which the truthful, humane, Christian gentlemen and ladies, who call themselves antivivisectionists, use when speaking of the scientists who devote their lives to research in an attempt to mitigate human suffering and to prolong human life. This extract is from an article in the New Antivivisection magazine, called *The Open Door*.

"When a vivisector enters his particular 'hall of agony,' he cuts himself adrift from all moral obligations to the animals experimented upon. He may be a kind husband, an indulgent father, a good citizen, and even be a member of a Christian church, but in the laboratory he becomes a moral monstrosity, making a business of butchering live animals for the sake of a fetish called 'Medical Research.' Like the butcher plunging his knife into the flesh of his writhing, groaning victims, he exceeds the torture of the slaughter house, by the intensity of the agony inflicted, and the long-drawn-out dissections, burnings, scaldings, slicings and other barbarities inflicted on agonized living flesh.... The vivisector has no one to please but himself, no one to placate but himself when a crime is committed, no one to stay his hand when he attempts the most freakish and fiendish horrors on helpless animals. Long familiarity with his bloody work has rendered him callous."

To characterize the above otherwise than by the terms *contemptible, stupid, slanderous lie* would be not telling the whole truth. And half truths are sometimes worse than whole lies.

WELL DRESSED DISPENSARY PATIENTS.

Resentment and indignation is often expressed by physicians—those not connected with any dispensary—at the fact that many or some of the dispensary patients are well dressed, and *consequently* could well pay a doctor's fee. This is very decidedly a *non-sequitur*. A well dressed man or woman may not have a nickel to spare for medical advice. Salesgirls and manicures, and lawyers' clerks, and even bank clerks tho earning

barely enough to keep body and soul together, must dress well, as their very life—their ability to obtain and retain a position—depends upon their making a good appearance.

Genteel poverty is generally more acute and more painful than the out and out frank variety.

THE RATIONAL TREATMENT OF THIS AND THAT.

Again I must refer to the irrationality of entitling an article "The Rational Treatment" of this or that disease. All treatment is supposed to be rational. If it isn't rational, it is not treatment: it is maltreatment.

Yes, just think a moment, and you will see how silly that adjective is when applied to treatment. Of course every physician when recommending a certain treatment thinks or is sure that it is a rational treatment. If he thought it was irrational, he would not recommend it, but would look about for some other method. And then who is the judge of whether the treatment is rational or irrational?—The writer himself! This is as absurd, as if he entitled his paper: an excellent essay on this or that subject.

Please leave out in the future the word "rational" from the titles of your articles. First, because everybody is supposed to recommend only rational treatment; and second, because the author is not competent to decide whether his treatment is rational or irrational. The reading public is to be the judge of that. And as a matter of fact, some of the methods recommended as "Rational" prove to be silly, irrational, impossible and fantastic.

INFLUENCE OF THE SEX INSTINCT ON HUMAN LIFE.

We call our readers' special attention to the article with to above title which appears in this issue. It is the first article of a very important series. If people only understood what an important rôle the sex instinct plays in our life—whether we are aware of it or not—if they knew how many of our important actions, opinions and beliefs which apparently have no relation to sex, are nevertheless based and indissolubly connected with our sex instinct, they would make sexology one of the most prominent studies of adult life. But the subject has been shrouded in impenetrable darkness for twenty centuries; only here and there is a corner of the shroud being lifted, and a ray of light permitted to filter thru.

The CRITIC AND GUIDE has no apologies to offer for the amount of space it is devoting to the subject of sex.

SYPHILITIC PATIENTS WHO NEVER HAD SYPHILIS.

We are told, and it is undoubtedly true, that many people go about with the syphilitic poison in their system who do not suspect that they ever were infected or that there is anything the matter with them. Not to speak of those hereditarily afflict-

ed, there are exceptional cases where acquired syphilis pursues a very mild course. The initial lesion may be very small and heal without attracting the patient's attention. The secondary roseola is often very faint and may pass without the patient having noticed it, and the patient may be perfectly sincere and truthful when he emphatically affirms that he never had the disease.

But there is another side to the medal. Just as there are many people who have the disease without being aware of it, so there are many people who believe that they are victims of syphilis who never had a spirocheta on or in their body. Of this I am perfectly certain. A person will get a little pimple or abrasion. He will go to an incompetent doctor or to a quack—and of one thing you may be sure, if a man with anything on his genitals fears that he has syphilis and he goes to a quack to confirm or to negative the diagnosis, the quack will invariably “confirm” it. He will give him some mercurial treatment; the mercury itself may call forth an eruption, sore throat or other symptoms which may simulate syphilis, and so the patient becomes convinced that he is a victim of the terrible disease. In five or ten years he may go to a regular physician, but the positiveness of the patient that he had the disease, a confusion of the symptoms caused by the mercury and iodides, etc., makes the diagnosis (outside of repeated Wassermann reactions) doubtful and uncertain, and as the doctor does not consider it proper to take any chances, he prefers to be on the safe side and gives the patient the benefit of the doubt. He again prescribes mercury and iodides, altho the indications for them may be of the very vaguest character, and so it goes on year after year.

I wish to give one illustration. A patient, a man of 45 years, came to me two months ago. To the question what his trouble was, he answered with a readymade diagnosis: “syphilis.” When was he infected? Twenty years ago. What troubled him just now? A severe itching eruption, with some ulcerations, on both legs. What did he come for? To get an injection of 606; he was tired of mercury and potassium iodide which he had been taking off and on for the last twenty years. Most of the time he was treated by advertising quacks. The last few months, however, the medicine that his doctor (quack Egan) gave him did not do him any good. On the contrary, the itching was getting worse and the eruption on the legs was increasing.

Before examining the patient I took his history very carefully, and from the history alone I became convinced in my mind that the man never had syphilis. All he had was two little pimples near the frenum and that frightened him. He never had a chancre, never had any eruption, no sore throat, no fever, no cephalalgia, etc. But still he was sure the disease was in him, and therefore took treatment. When I examined his legs, I found that the eruption was but an ordinary eczema and the ulcerations were of a varicose character. He was remark-

ably free from any adenopathy, and was otherwise in robust health. I gave him no 606 injection, prescribed no mercury or iodides, but just ordered alternate compresses of potassium permanganate and silver nitrate solutions for three days, and after that a zinc oxide amylum-resorcin ointment with a snug fitting bandage. The itching disappeared after *a few hours'* application of the compresses, and the eczema and the ulcerations were completely cured in a little less than four weeks.

I gently and gradually broke the news to him that in my opinion he never had syphilis, and a madder and sadder man I never saw. Yes, there are thousands of such people walking about with the idea that they were once infected and who are and always were free from any trace of the disease.

THE INFAMOUS BRANDT CASE.

If there ever was a case calculated to fill one with sickening disgust, the Brandt case is one. A blackmailing blackguard and would-be-assassin is suddenly metamorphosed into a martyr and hero—and all because his employer who—very properly—secured his conviction happens to be a millionaire. The Hearst newspapers, which are generally first in every kind of bestiality and devilry, have this time outdone themselves: No worse example of journalistic prostitution has ever been presented. But several other newspapers are following in Hearst's footsteps quite successfully.

We have heard from several sources that the Russian Government's money is behind the attack on Schiff. We should not be a bit surprised. The brutal Czar's government hates Schiff for the rôle he played in the Japanese war, and for his frequent exposés of Russia's brutalities to the Jews, etc. And it thought it a good opportunity to get back at Schiff in some way. But whether the yellow journalists are incited to extra zeal in their attacks on the Schiffs by Russian money or not, the fact remains that anything lower, more unprincipled, more venal, more reckless, more libellous than Hearst and his hirelings and disciples the world has not seen.—We are certainly making progress.—And District Attorney Whitman should resign from his office—or he should be kicked out.

THE CONTINENCE ADVOCATES—WHO THEY ARE.

Those who preach absolute continence from illicit intercourse at all hazards, under all circumstances, belong to two classes: 1. Those who do so from a religious or moral point of view; and 2. Those who claim to be free from the theologic or moralistic bias, and base their advocacy on presumably purely hygienic grounds. With the first class we have no quarrel: a religious or moral code admits of no argument. You believe a certain way, and that's all there is to it. But with the people of the second class I do have a quarrel, for while pretending to speak as scientists and hygienists, if you examine their arguments you will at once discover the theologic or conventional twist. Let us be honest, and

let us not mix or confound theology or a man-made morality with biologic necessity. As far as my personal experience goes, the men who preach absolute continence to the young generation at all costs, belong to either one or several of the following categories:

1. Men with a congenitally weak or absent sexuality. 2. Old or middle-aged men who have become sexually impotent, and who have forgotten that they ever were young and that red blood ever coursed in their veins. 3. Men who have married at a very early age. 4. Men who while believing in the sexual necessity still think that the danger of venereal infection and of moral degradation is so great that it overshadows the possible harm of continence, and that public policy and the good of the rising generation therefore demand the advocacy of continence. 5. Simply and plainly hypocrites, who while preaching continence from the platform lead a very free and active sexual life. To this class belong some of the professional lecturers who are expected to preach in a certain way at so much per lecture. The people of category five need not be taken into consideration, as they are unworthy of respect. The men of the first four categories are perfectly sincere in their opinions; but those belonging to categories one, two and three are not competent judges in the matter.

DR. ALGERNON T. BRISTOW.

The number of sincere, clear-thinking, level-headed men in our profession is, we must regretfully admit, a rather limited one. Dr. Algernon T. Bristow, present editor of the *New York State Journal of Medicine*, belongs to this small but select number. He is pretty sure to be right on all questions affecting the medical profession, and on questions concerning the relations between the profession and the public. In the March issue of the *State Journal* he has a paper entitled *The Public and the Medical Profession*, which is well worth reading. And this is something which cannot be said of every, or even of every other, article appearing in our medical journals.

NEO-SALVARSAN.

A cable dispatch to *The New York Times* brings the welcome news that a modification has been effected in the manufacture of salvarsan whereby this valuable product is made easily soluble in plain water, and the solution thus obtained is perfectly neutral. This is extremely important. One of the drawbacks of salvarsan has been its insolubility in water and the difficulty of preparing a perfectly neutral solution. Many of the disagreeable by-effects have been due to improper solutions. It seems that all this will now be entirely obviated. The name given to this modified salvarsan is neo-salvarsan.

ASK US FOR AN EXPLANATION.

If there is anything in the *CRITIC AND GUIDE* which you do not seem to understand, if there is anything which seems to you inconsistent, if

there is anything with which you cannot agree, just write to us and ask for an explanation. The editor is not infallible, but is it not just possible that he may be right and you—wrong? You know such things may happen.

ANOTHER CASE OF REPEATED CESAREAN SECTION.

In our humble opinion no woman who has undergone once a Cesarean Section should ever be subjected to the risk of another one. To so subject her shows brutality on the part of the husband, and stupidity on her own. A humanitarian physician, it seems to us, should consider it his duty to advise the woman and her husband how to prevent another pregnancy, or should persuade them to allow him to excise the tubes so as to make another pregnancy impossible. While the case reported by Dr. Polak on another page in this issue is not so unique as that reported in the CRITIC AND GUIDE for November 1910, where a woman underwent five successive Cesarean operations, still it deserves to be chronicled. Every case of a woman undergoing more than one Cesarean Section, deserves to be chronicled, and when called to our attention will be chronicled, in the CRITIC AND GUIDE.

A PARABLE.

Some women of easy virtue on reaching an age when they are no longer desired by men become pious and turn to God. That is all right. We have nothing against it. But when such women brazenly parade their newly acquired virtue on every occasion and raucously attack "sin" in other women on every occasion, then the spectacle becomes a disgusting one indeed. If you regard this remark as symbolistic and wish to apply it to some other spheres of human activity, I shall not prevent you from doing so.

TOO HYPERSENSITIVE.

Some people are so hypersensitive that they develop "rose cold" or hay fever on merely touching a rose. But how about the well authenticated cases in which these hypersensitive people developed the same "rose cold" when they were given to hold an artificial rose and they were under the impression that it was a natural one? Aren't very many of the cases of wonderful hypersensitiveness and idiosyncrasy purely psychic in origin?

IT HAS ALWAYS BEEN THUS.

This has always been the characteristic of autocracy and of bureaucracy: intolerance of any kind of criticism, hatred of any kind of opposition. And in former days anybody who dared to oppose the powers—that he paid dearly for his courage: the auto-da-fe, the dungeon, the rack and the thumbscrew were his portion. These punishments are out of date now, to the great regret of our bureaucrats; but they still can

slander, they still can blacken a person's character, they still can assassinate a reputation by calumny and inuendo, they still can ostracize and withhold gifts which it is in their power to bestow.—But what's the difference? It is all in the game of life.

SALVARSAN (606), THE NEWSPAPERS AND CHAUVINISM.

The first week in February the newspapers brought reports of Prof. Gaucher's opinion about Salvarsan, and as usual there were at once exaggerations, misunderstandings, and the people, the dear people, who one day put a man on a pedestal and the next day kick him in the gutter, began to make up their minds that 606 is a worthless, useless and dangerous remedy. I therefore considered it my duty to counteract the too unfavorable opinion, just as 18 months before I considered it my duty to attempt to counteract the too favorable, too ecstatic reports about it, and I published the following letter in the *New York Times*.

PROF. EHRLICH'S SALVARSAN.

To the Editor of THE NEW YORK TIMES:

As the premature and exaggeratedly eulogistic announcements in the newspapers at the time of the discovery of Salvarsan, or 606, did a good deal of harm in giving false hopes and in creating a false sense of security, so the publication in yesterday's papers of Prof. Gaucher's opinions on the drug will do a great deal of harm—perhaps greater harm—in making people hesitate to take the treatment who may be in absolute need of it. For this reason I have always objected to the discussion of the therapeutic value of drugs in the columns of newspapers, for the layman cannot take an objective view of such matters. To him a remedy must be either a marvel, with 100 per cent. recoveries, and no by or after effects, or it must be no good.

Now, I know Prof. Gaucher. He is an estimable gentleman and a very competent syphilographer, tho he does not perhaps fully come up to his great predecessor, Fournier. Prof. Gaucher has from the first shown himself an opponent of salvarsan. Some say this is due to the fact that prior to Ehrlich's discovery Prof. Gaucher brought to the notice of the profession another remedy of similar character, which was being used with some success, but salvarsan so overshadowed every other mercurial and arsenical remedy that Prof. Gaucher's remedy fell into almost complete disuse. Some say that the opposition is also partly due to the general antagonism of the French against German remedies. For, sad as it is, the truth must be confessed that in spite of all our endeavors to make science truly international, it is not yet quite free from that most detestable of all traits, chauvinism and racial prejudice. Haven't the Black Hundred physicians in Russia refused to employ salvarsan merely because Ehrlich is a Jew? And having put himself on record as an opponent of salvarsan, Gaucher does not seem to

be able to go back. Some people are that way. We had such instances during the introduction of diphtheria antitoxin. Some physicians publicly declared it a humbug, and tho each year showed more and more convincingly the power of the remedy, they did not possess the courage to declare that they had been in error.

The truth of the matter is this: Salvarsan is a wonderful symptomatic remedy. It is one of the greatest discoveries of the age, in spite of the fact that Ehrlich's hope of a sterilization magna has not been achieved by it, and in spite of the fact that it is not curative in one dose. No specialist in the disease for which salvarsan was introduced would want to practice without that remedy, nor has he a moral right to. But, as I predicted in your esteemed paper, *The New York Times*, at the time, it has not and will not displace mercury and the iodides.

Personally I can speak with the highest praise of the remedy. In the numerous cases I have used it I have not had an accident. And if used with care and discrimination and only after a thoro examination of the patient there should be no accidents. And the more we use it the more we are impressed with its wonderful power in removing symptoms, the external manifestations—and to judge by analogy also the internal—of the disease. As to its permanent curative effects sufficient time has not yet elapsed since its introduction to entitle us to pronounce a definite verdict.

WILLIAM J. ROBINSON, M. D.

New York, Feb. 9, 1912.

To the above letter I received the following reply from Dr. F. R. Sturgis.

Editor CRITIC AND GUIDE:—

May I as an humble and appreciative reader of *THE CRITIC AND GUIDE* enter my feeble protest against the article which appeared in the *New York Times* of February 11th, 1912, over your signature, entitled "Professor Ehrlich's Salvarsan." You begin by admitting by implication, that newspaper opinions on medical treatment and drugs do a great deal of harm, and you state that for this reason you have always objected to the discussion of the therapeutic value of drugs in the columns of newspapers, etc., which sentiment I most heartily applaud, and regret that in this instance you did not follow out your excellent precept. (1) I should myself be inclined to go even further than to give as the only reason for not publishing medical matters in the columns of newspapers that the layman cannot take an objective view of such matters, for I believe that no newspaper from the very nature of its work is capable of giving a true nor an accurate statement of any subject. Indeed I believe that there is no agency which has done more to debauch manners and corrupt morals than the newspaper press of this country. I consider that it is incapable of speaking the truth and there-

fore would be totally incapable of understanding the advantages and disadvantages of any new method of treatment.

In the course of this article you state that Professor Gaucher has shown himself an opponent of salvarsan. He is not the only man who is opposed to salvarsan, and I do not limit this to any nationality as guilty of such doubt. Without any personal knowledge of the fact, it is possible that you are right in ascribing Professor Gaucher's opposition to salvarsan to the fact that Ehrlich's discovery being so much more valuable, put Gaucher's remedy into the shade. Perhaps, and perhaps not. But at any rate, be it as it may, I do not think it wise to publish such things in the public press, as indeed I think it unwise to print the fact that some Russian physicians refuse to employ this remedy merely because its discoverer is a Jew. (2)

Now I am not a great admirer of the wisdom of the average physician, but on the other hand, I do not regard him as an absolute fool, nor do I think the profession would be so idiotic, as to refuse to use a remedy merely because the discoverer thereof was of a different religious creed to its own. Indeed, I think the medical profession at large is a pretty free thinking set and little disposed to swear in the words of any clerical master. I trust I shall not be either indiscreet nor presuming if I protest against the questionable taste of dragging racial antagonism into a scientific question, and it seems to me that it would have been better if that portion of the article had been omitted. (3) Now, the value of salvarsan is still *sub judice*, and while under certain conditions it appears to be of value, in others I think it is open to grave question if salvarsan is really of much efficacy, I mean more especially in the later stages of syphilis, and many trustworthy physicians, irrespective of nationality, look upon it somewhat askance even at the present day.

Of course it is not given to all of us to have had the opportunity to try this remedy in the numerous cases which have been your good fortune to use it, and I can only feel that you should consider yourself as extremely fortunate to have had so many of those cases without one single accident, but in congratulating you on your good fortune, I must by no means be understood as overlooking the skill and care with which you have applied the remedy. I approve most heartily what you say with regard to the comparative value of mercury and the iodides with salvarsan, and I can only echo the words with which you close your interesting article, "that as to its permanent curative effects sufficient time has not yet elapsed since its introduction to entitle us to pronounce a definite verdict."

F. R. STURGIS.

To Dr. Sturgis' communication I will permit myself to reply very briefly.

(1). I do not believe in discussing any therapeutic agents in the daily press. But when reports appear either lauding to

the skies an indifferent or worthless remedy or unjustly attacking a valuable product, then it becomes our duty to counteract, as far as lies in our power, the erroneous notions which may be nurtured in the minds of the laity. Only for the purpose of correcting erroneous notions do I believe in going to the press. Hence my letter in *The New York Times* of February 11th.

(2). I do not see why it is unwise to print the fact about the "black-hundred" Russian physicians. If there are such wretches in the medical profession, who will refuse to use a remedy for chauvinistic or other ignoble reasons, the fact should be known to everybody—the profession and the laity alike. No use trying to cover up the rottenness, the narrowness, the ignorance of those physicians, who disgrace our profession. The regular medical profession has no stauncher champion than myself. I have proved it more than once, but I will never agree to cover up with plaster the sores which do afflict us. To cure those sores they must be exposed and given the "open" treatment.

(3). It is not only questionable taste, but it is positively disgraceful to drag racial antagonisms into a scientific discussion; but it wasn't I that did the dragging; it was the chauvinists and antisemites that did it. I merely called attention to the disgraceful fact. I repeat, when a disgraceful condition exists nothing is gained by hiding or glossing over it.

A DISHONEST ATTACK.

In the *Journal of the American Medical Association* for March 9 there appeared an article by Dr. W. A. Pusey attacking Thoremadin, a preparation used in certain skin lesions, and the house manufacturing the product, E. R. Squibb & Sons. I have no hesitation whatever in stating that not only is the attack unjust, because based upon false premises, but it is also malicious and dishonest.

An editorial appearing in the same issue says: "As the claims made for *therapeutic effect* (italics mine) were such as competent dermatologists could prove or disprove, Dr. W. A. Pusey was asked to investigate them and the product."

How did Dr. Pusey proceed to investigate the therapeutic effects of the product? How would any honest dermatologist have proceeded? He would have taken several cases similar to those in which Bulkley and other dermatologists stated that they obtained good results with Thoremadin, would have applied the product and judged results. Did Dr. Pusey proceed in this manner? No, he did not try the product on a single, solitary case. He gave the product to be analyzed by some chemists, then he applied it to some sheet aluminum, sheet lead, chamois skin and his own arm—and lo and behold, he came out with the terrible discovery that Thoremadin contained sulphuric acid, just as if the manufacturers had denied that and just as if that fact had

not been stated on the label! For such investigation it was not necessary to give the product to a dermatologist. Any junior drug-clerk—nay, any bottle washer in a drug-store—could have done as much. Does that mean investigating therapeutic claims, I ask again?

Dr. Pusey says, in a high sense of righteousness: "If I should use such a method of treatment in that condition [lupus erythematosus] I should regard myself as deserving the charge of malpractice." Here is an example of pernicious, narrow-minded bigotry. Reliable investigators, dermatologists of high standing, report clearly and plainly that they have used thoremadin paste on lupus erythematosus and with excellent results, and here comes Dr. Pusey and without trying the product on a single case, merely because he is not pleased with its composition, announces that to use the product on lupus is malpractice, thus accusing all the other dermatologists who have used it of imbecility, idiocy or direct dishonesty. This is a nasty state of affairs.

Because Dr. Pusey is not familiar with the therapeutic uses of didymium and thorium, he makes a short-cut and denies that these two elements have any therapeutic value. Didymium salicylate has been used for years as a local application and with very good results. That thorium has decided therapeutic virtues as a dermic remedy is known to many dermatologists who have given it a trial. At the last meeting of the Association of German Physicians of the City of New York, held in the house of Dr. A. Jacobi, President-elect of the American Medical Association, Dr. Edward Pisko presented a case of lupus erythematosus which he treated with a paste consisting of thorium oxide and glycerin alone (without any sulphuric acid) with very excellent results. He used it also in epithelioma and in other conditions with very good results. Here we have proof positive that thorium in itself possesses therapeutic virtues—unless, of course, Dr. Pusey is willing to accuse Dr. Pisko and every other practitioner who uses thoremadin or thorium of dishonesty or imbecility.

It is well to bear in mind that Dr. Pusey is not only a dermatologist but he is also treasurer of the American Medical Association, and is very closely connected with the official clique. But is holding office in the American Medical Association incompatible with clear vision and unbiased judgment?

THE MORAL OF THE ATTACK.

The attack on thoremadin and on Squibb contained in Dr. Pusey's article and in the editorial of the same issue of the J. A. M. A. (March 9), would perhaps in itself not be of such great importance—tho it does do great injustice to a reputable house of high and ethical standing—but for the state of affairs which it illustrates. It is an excellent example of the entire spirit which pervades the work of the Council. Stated briefly, I would say that the whole atmosphere of the Council's work

is chemical rather than therapeutic. It is also childish and irrelevant rather than essential. What the Council cares principally about is the chemical composition of a remedy and not its therapeutic effects. Much more attention is paid to the name of the product, to the bottle in which it is put, than to its therapeutic virtues. This is wrong and as long as this attitude continues the value of the Council's work will be slight or nil. No remedy must be condemned a priori merely because its composition is not pleasing to the Council's chemists and druggists, or because its name offends the esthetic taste or sense of euphony of some of the members. What we physicians care for above all, and not only we physicians but the public as well, is the therapeutic value of a preparation. All other factors sink into insignificance in comparison with that one factor.

And one more thing we should bear in mind. Practically everything that is worth while in therapeutics has been evolved by private enterprise and the private laboratories of high class manufacturers, and it seems to us that high class manufacturers of medicinal products should be encouraged in their work rather than anathematized and blackguarded at every possible occasion merely for the sake of sensationalism.

That's the way it looks to a physician who has not lost his head, who is not affected by waves of hysteria, and who is as sick and disgusted with the quacks and fakirs outside of the profession as he is with the narrow-minded bigots and bureaucrats in the profession. If this is *lèse majesté*, gentlemen, kindly make the most of it.

WHO CARE TO SUE THE KING?

In one of its disingenuous editorials (March 16), for which the J. A. M. A. has become famous, or rather notorious, of late, the editor makes the following statement: "The Journal has for some years past exposed fraudulent products whose advertisements are carried in supposedly reputable medical journals. There has been no question of the accuracy of the Journal's charges; had there been, it is perfectly sure that the Association would have been involved in litigation." This is not so and the writer knows it isn't so. The editor of the J. A. M. A. knows perfectly well that no matter how unfair an attack may be on a manufacturer or his products the manufacturer will not sue the Journal, because no manufacturer is so unwise as to want to gain at once the ill-will and the antagonism of practically the entire American Medical Association. The manufacturers know perfectly well that the vast majority of the readers of the J. A. M. A. take whatever it says for gospel truth, and that even those who do not like the Journal's attitude in many matters would resent any litigation brought against the Association. And therefore the manufacturers swallow the insults and keep quiet. And therefore doth the editor act as a bully, which is very unfair and very unjust. Just when a man has the strength of

a giant, he should use it carefully, thoughtfully, considerably. But no yellow editor of a yellow journal, be it Hearst, Brisbane or Simmons, can be made to see the truth of this.

* * *

And now I guess we will again give the Journal, Dr. Simmons and the Council a rest for awhile.

THE DEBATE ON MEDICAL FREEDOM.

Unless our opponents—the antivivisectionists, medical freedomists and sundry quacks in general—send stronger and more intelligent representatives, I will, in future debates, send my office boy to represent me, instead of taking part in the debate myself. If the League for Medical Freedom has no stronger, no more intelligent representative than Dr. Lewis Pinkerton Crutcher, then the Lord have mercy on their cause: it will not last long.

As my readers know, I had a debate with the League on the subject of Medical "Freedom" before the Sunrise Club. Dr. Crutcher spoke ramblingly about our attempt to force everybody to employ only practitioners of the regular school; and when I in my paper (see March CRITIC AND GUIDE), and in the subsequent discussion, showed that the bill for the establishment of a National Department of Health had nothing to do and could have nothing to do with the individual practice of medicine, he had nothing to reply and did not attempt to. Neither did the other three representatives of the League make a single point which had any force in it—except that ex-Congressman Baker made a perfect ass of himself. It was feared that his vituperative frenzy might end in an apoplectic stroke. Of course it is easy to wipe the floor with such opponents.

The meeting was attended by a fair share of quacks of all kinds, but the intelligent part of the audience saw clearly that the League was an organization without any *raison d'être* and that they had set up a scarecrow to frighten the weakminded. There is no such a thing as a doctor's trust, and there is no need for any League for Medical Freedom.

They say that the only time The California State Journal of Medicine was truthful, fair and dignified—as becomes an official journal—was when its editor, Philip Mills Jones, was confined to bed with concussion of the brain.

ATHLETES AND SEXUAL POWER.

One of the recent books on Sex Hygiene has for its frontispiece the picture of a man with well-developed—overdeveloped, we should say—muscles, and a perfectly idiotic, not to say brutish, face. There is not a glimmer of intelligence on it. The picture is labeled: A Priest of The Temple of Hygiea.

All I can say is: If such are the types that the strenuous devotion to physical culture is going to turn out, then give me men with weak flabby muscles and flat chests and poor diges-

tions, but with some brain and intelligence. Anything rather than the big-muscled broadchested unthinking animals, that we are asked to worship and emulate.

For it is brain and not muscle that rules the world to-day, and will rule the world to-morrow.

And another fallacy I want to refer to while I am on this subject: The fallacy that big-muscled athletes are necessarily sexually strong. Nothing is further from the truth. I have treated all-around athletes, whose bodies were a pleasure to look at, powerful six footers, policemen, etc., who were completely impotent sexually.

The sexual sphere is a thing in itself and does not necessarily depend on the general health; it certainly has little to do with the development of the muscles of the body.

"THE PIGEON."

Whenever I read anything that I like, I like the whole world to read it, and I advise my readers to read Galsworthy's latest drama, "The Pigeon." It is not quite as great as his "Justice," but it is decidedly worth while. Those, however, who have no streak of Bohemianism in their blood, and in whom the milk of human kindness has completely dried up, will consider it simply silly. Read it anyway. Or you may go to the Little Theatre and see it played. It is played admirably.

"RELIGION AND CIVILIZATION." *

This book has been sent us for review, but we believe its importance entitles it to an editorial notice. It is a remarkable book, and if every intelligent adult were forced to read it, there would be a mighty change in the world's viewpoint on many subjects. Of course the book will prove terribly shocking to the true and faithful followers of the orthodox religion, but it seems to us that adults who have reached their maturity should not be afraid to read *anything*, no matter how shocking it may prove to their most sacred beliefs. They should read; and if they can refute the author's arguments, if they can prove their falsity, why then they will simply be more confirmed in their beliefs. If, however, the author makes out an incontrovertible case, if the author proves scientifically that those beliefs are false, why, the reader should be only too glad to throw them off, to exchange them for true modern and scientific ideas. What the book deals with we will not say here, as it would take too much space. We will only state that it is written in an easy interesting style; the author does not beat about the bush, and his language is unmistakable. It might be well to add that the author is a neurologist of high standing in this city, and that the German edition of his book created quite a stir in Germany. Whether you bless or anathematize the author, do not fail to read his book.

* The Truth Seeker Co., 62 Vesey Street, N. Y., Cloth, 610 pp. \$2.50.



"Survival of the Fittest" in Modern Civilization.

*Why Women, Children and Men are Prostituted, Infected,
Outlawed, Crazed, and Slaughtered.*

BY E. C. WALKER.

Ed Howe, the genial humorist of Atchison, wrote the other day: "If you discover that you made a mistake, don't stubbornly insist upon keeping it up; let go and run."

In the human struggle for existence, the greater number of the grown creatures who perish prematurely consists of those who fail to act in the spirit of Howe's advice. Instead of letting go and running from their mistakes, they stereotype them into habits, customs, creeds, sacred folk-laws; make altars for them, set them thereon, prostrate themselves before their own creations, and divide their time between worshiping and making it uncomfortable for all who will not offer sacrifices to the same idols.

There are very few, if any, of us to-day who are in a position to be at all severe in our criticisms of our ancestors, who also made fetishes of their mistakes. The market is fairly well stocked with assorted knowledge but wisdom still commands a high premium. Material conditions have continually changed but psychology and ethics have not kept pace. We *know* more than we did 10,000 years ago, but we do not *think* commensurately better nor *do* commensurately better. So we perish under the weight and complexity of our own inventions and knowledge. If we had advanced in wisdom and ethics as we have in the power to produce and in knowledge of catalogable facts, we should have ceased to destroy human hope and life and nature's gratuities in the foolish and criminal way we do.

The phrase, "The survival of the fittest," means that those who have the best chance of living long and of making the most successful use of their lives are those who can most readily adapt themselves to their environment or can modify it to most fully respond to their needs. So the standards of fitness never were, never are, stable. Before human society, outside human society, and within human society, in all ages and from age to age, the standards have varied. They vary to-day with geography, climate, race, the progress of abstract science, of invention, of material conditions; of religious enlargement or contraction of vision, of differing ethical sensitiveness. Primitive men who survived did so because they were strong or cunning or fleet of foot, not greatly because they were righteous in any modern social sense.

It was the heyday of Stirnerism. So the other animals were "fit" because they were ferocious, agile, sly, simulative of their immediate surroundings, or because they knew enough to migrate when food became scarce in their immediate habitats. The struggle was between individual and individual more than otherwise, but gregariousness early became an element of strength, in many species, for both offense and defense. Social life was evolving. The cows and calves were ringed by the bulls when the wolf-pack descended on the herd. He was anti-social who shrank from the post of danger, and also he was safer there than when in flight. Ethics began below man, passed to him as part of his heritage, took tribal loyalty as one of its forms, became patriotism, and the latter is weakening to-day only because the necessity for it is passing with the growing understanding and community of interest among the peoples. We are coming to perceive that the greater dangers that threaten us are internal rather than external. The flower of ethics expands into new forms of civic alertness, of social watchfulness, of group and community care and defense.

The dangers that menaced the primitive man and the scattered populations of later times were in few classes, and mostly tangible (barring the unreal ghostly terrors); they were war, slavery, famine, wild beasts and reptiles, plagues. Organized religion gathered strength and men were sacrificed upon the altars of propitiation and slaughtered in church rivalries. Witchcraft delusions took their terrible toll. Some of these fearful scourges have ceased to devastate or threaten. Others are slowly losing their power to terrify and destroy. But the old struggle for existence has not lessened; it has partly changed its shape, only. Still there are the fit and the unfit; still there is the death-grapple of individual with individual; of group with group; of social concept with social concept.

The dangers that menace in civilization are many and generally are not seen as such by those most likely to become their victims. To the comparative tangibility and simplicity of the old struggle has succeeded the infernal vagueness and complexity of this. In the city the forces of destruction no less than the forces of knowledge (I do not say wisdom) are most numerous and subtle and active. As Charles Tenney Jackson says, thru the lips of one of his characters, a girl of the streets, to the man from the mountains and the woman who has lived only in the world of ideals, alien to the earth and its conflicts: "I know the town, and what it does to man [and woman], and you don't, either of you. Things are good and simple with you—you in your land of souls, and this man up in his clean north country. It's different here—life smashes men [and woman] and drags them down. Banway, a man [or woman] meets more temptations in one day of the street than he'd [or she'd] meet in a hundred years of your peaceful little life in the country up-in-back. Any man can pitch hay, or roll logs, or drive cattle—

all that's just play. But down here a man's got to fight everything."

And the abyss between locality and locality in any country is nothing to the abyss between the simple and complex life measured by the passing centuries and millenniums.

Of the mental and emotional traits and conditions that help create or intensify this struggle, these come readily to mind:

Ignorance thru lack of opportunity, or thru parental prudery or lack of knowledge, or defective methods of instruction in school.

Ignorance thru unteachableness.

Carelessness, indifference.

Deliberate, inherent, anti-sociality.

Imitateness—one of the most potent.

Of the broader economic factors, these may be mentioned:

Destruction or misuse of natural resources.

Waste in private and public business.

The short view in private and public planning, especially in city building.

Of the social negative and positive retarding and destructive forces, these at once come to mind:

Many features of the marriage system, including the rewards offered for sexual ignorance and the ban placed on timely knowledge, particularly the imposition of and tame submission to laws prohibiting the diffusion of information concerning the prevention of conception.

Prostitution, with its inseparable concomitant, contagious disease.

The toleration and protection of businesses that are overwhelmingly destructive in the deciding downward balance of their total effects.

A section of the press, and much of the matter, particularly the advertising, in nearly all publications.

The seemingly almost total absence of a civic spirit that is at once intelligent and active.

Last, and possibly or probably greatest, our awful mismanagement of the defense and development of the coming generation. Naturally, this task is rendered almost infinitely more difficult than it otherwise would be by our remissness in the other particulars named.

Of course, I must pass nearly all the items in these classifications with the mere enumeration just given.

As was the case in other ages, the source and support of many of the evils of our time, great and small, social and personal, is found in mimicry. Imitation, habit, custom, that is the genesis, in brief. Custom becomes stronger than the law, defying it even when the law is enforced with frightful penalties. Puerile or cruel superstitions are observed, torture is self-inflicted, ears and lips and nostrils and chest muscles are pierced, and sticks, bones, rings, and pendants inserted; betel is chewed,

women redden their nails with henna, tobacco is chewed, smoked, drawn into the nostrils in the form of snuff; alcohol is consumed, morphine, cocaine, absinthe, and other dangerous drugs are used; deforming and childstunting corsets and inconvenient hats and stacks of hideous store-hair and crippling gowns and shoes are worn, and all this is done because some one somewhere accidentally did it the first time, or some big man or woman somewhere, usually to conceal a personal defect, set an example which all the court attendants had to follow, or some other man or woman changed the fashions that he or she might take more money out of the pockets of the slavish imitators or of their obedient treasurers. You may rob a people and they will growl, a little, maybe, but usually nothing comes of the growling, or only after a very long time. But touch their superstitions, their habits, their customs, and chaos breaks forth immediately, no matter whether the delusion or custom jeopardized was really harmful or merely ridiculous. The only relief to society from the slavery of habit comes from the wholesale weeding out of the weaker in the course of immunization.

Take an illustration of the relative psychological effects of law and habit: No doubt most of the good people before me agree as to the iniquity of robbery by protection, land monopoly, exemption of church property from taxation, and the like legal wrongs, but rarely do they get uncomfortably choleric over these real intrusions upon their liberty. But if a rule should be decreed that there should be no smoking here, half of the men and some of the women would quit instantly, altho the unasked putting of a foreign substance into the common atmosphere is as clearly an infraction of the law of equal liberty as would be the putting of a foreign substance into the common water in the Croton reservoirs, and altho they recognize the truth and justice of this principle when they applaud the laws that forbid the use of soft coal by manufacturers and railroads within the city limits and the prohibition of smoking automobiles. Yet no matter how invasive the custom is, they would enforce its consequences upon dissentients or refuse to play with them any more. But the earth may be stolen from them, and they quietly submit or talk a little, at the most.

Men, socially and in business, are aware of this unfortunate habit of mimicry and of the ignorance and innocence with which it is associated in the younger members of society, as well as of the weakness of older persons who are struggling to become more fit by escaping from this or that destructive habit. Some one has said that only bad habits are imitated, and this is true in a large measure. The inadequateness of the protection given by parents and by society at large is chiefly responsible for this. Every child on the street has many more chances to go wrong than right, and if there is no wise counteracting influence at home, he does go wrong, and sometimes even then, unless he is very well-balanced hereditarily. The child in the years of

adolescence is very susceptible to whatever appeals to its emotions or stimulates it physically, and many men, usually loud defenders of the institution of marriage, take advantage of this fact and ply young women with liquors, knowing that sooner than anything else this will break down their powers of control and render them easy victims. Other men, with no such intentions, act in the same way in pure thoughtlessness. The child, the inexperienced youth of both sexes, the weak of will—all who are yet in the unstable, formative stages of life—need constant guidance and sane example or the near end will leave them among the wrecks of the other “unfit” that perish in the struggle for existence.

The struggle for existence in our time is intensified each year by the continuing deforestation of our mountains and foothills, by the consequent increasing erosion of our best soil, by our wasteful methods of agriculture and city feeding and disposal of detritus, by the destruction by the hundred of beautiful and useful plants, by the extinction or near-extinction of so many of our insect-destroying birds, the wholesale vandalism by city dwellers, who are making a desolation of the suburban districts; by the ever-augmenting burdens thrown upon society by vice, pauperism, intemperance, mental weakness, insanity, and crime; by the senseless love of so-called luxury and the emulation in needless expenditure by each stratum of the population of the stratum just above it in wealth, which each year does more than all else to force upward the cost of living and drive more and more over the precipice of bankruptcy.

We permit ourselves to be indifferent or at the best inactive in the face of this fearful destruction of natural wealth and beauty, this prodigal waste of productive energy, this enormous sacrifice of human character and life, and for the most part we are thus suicidally quiescent on two mutually destructive pretexts. First, that to do anything would be an interference with liberty, and, Second, that those who suffer and perish prematurely deserve what they get, for being morally or otherwise unfit.

As regards the first pretext, we conveniently forget that in society no man liveth or dieth to himself alone, and therefore that, even if we do not care to take cognizance of ethical considerations, to act because of the sufferings of the victims and their friends, we are forced to guard ourselves as best we may against the consequences of the mistakes in social action committed by the criminal and otherwise unfortunate.

As regards the second pretext, we ignore the fact that heredity and environment make the difference in the conduct of the social and the anti-social, that the dogma of free will can no longer be accepted as the adequate explanation of goodness and badness, individually and socially speaking, and hence that we are unscientific and cruel if and when we say that those who fail to survive “deserve” their fate. Those who perceive the causes of the failure of the multitude who go down and yet do not strive to remove those causes are infinitely more responsible

for the wrecks than are the young and stupid who do not perceive those causes or perceive them only after it is too late, after they are hopelessly bound in the chains of habit and circumstance.

It is not that the uncounted victims—boys, girls, generous adults—are, except the stubborn unteachables, inherently unfit to survive. Most of them are physically, mentally, ethically, fit to survive, but they are sacrificed to a hostile environment, to parental ignorance and incapacity, to the religious ban upon indispensable knowledge of themselves, to business greed and unscrupulousness, to social ineptitude.

Some men and women to-day set an abstract liberty upon an altar and worship it just as blindly as their fathers worshiped other gods that they had set on other altars, wholly regardless of the effect of the worship and of the abstraction worshiped upon living men, and women, and children.

Some men and women to-day have placed Evolution where their ancestors placed Odin or Jupiter or Yahveh or Allah, and rest content in the assumption that Evolution will take care of society, that whomso it destroyeth in the struggle for existence is righteously destroyed; that whomso it preserveth and exalteth is ethically "fit" to survive. How long must it be before we see, every fairly sane man and woman of us, that in human society and subject to the limitations of our inheritance and home, this planet earth, and the sun that warms and lights it, human thought and human emotions and human conscience are the potent factors that fashion and refashion the fate of our race? Adopting the thought of Paul when he stood before the Athenians, I perceive that often ye worship an unknown Evolution, blind to the fact that ye are in Evolution, of Evolution, that Evolution is not an entity, a God, something wholly outside of us, but is the name we give to an infinite succession of changes, changes that in human life are wrought no less by ourselves than by antecedent causes and contemporary forces beyond our grasp and control.

The economic factor in social problems which is usually set to the fore by political reformers, is one presenting *relatively* small difficulties, so far as exploitation by the few is concerned—the enlightenment and cohesion of the many, their alignment against an external enemy, would proceed along lines of old cleavage and assault. A great first step in redemption would be the application of a juster system of taxation. But waste by the many, and all the subtler forms of danger which thru imitation and habit jeopard all the non-immunes, constantly increase as civilization becomes more and more complex, as new inventions create new temptations, as the hot-housed product demands more and more diversion and excitement.

For as concerns the aggressions of the few, the impinging forces are from without, alien to the many, not loved, and so it is not so difficult to create an effective sentiment against them.

But in the struggle against the everywhere permeating menaces, the worst eroding forces are those within, and on the near outside, the imagined needs, the "friends" who tempt with the

lures that we have not experience enough to detect or not strength enough to resist. Numbers of parents are not equipped to perceive or fight them, while the children of the wisest are in grave danger thru hereditary susceptibility and more thru imitation and suggestion leading to habit-formation, terminating often in quickly destructive vice and criminality.

The few have *appropriated*, but the remedy is easy once the many have awakened. But the many *destroy*, and that is costly, and often the loss is irreparable. And by "the many", where I have used the term here, I do not mean only the poor, I mean the vast majority, rich and poor alike.

The terrible toll the race pays to its customs and indifference, men perceive and lament on general principles, but they forget it all when their share in the habits that bulk it so large are mentioned—then their "personal liberty" is assailed, but the next moment their protest is forgotten when they declaim against other and no more foolish and disastrous forms of personal and social neglect.

Why, in brief, does civilization prostitute, infect, outlaw, craze, and slaughter women, children, men, the inexperienced and credulous? Because they *are* inexperienced and credulous, because they are not "fit" to maintain themselves in the struggle for existence *as the race permits that struggle to be conducted*. Except those who are born physically, mentally, and morally defective, a great majority of the submerged are potentially the making of good citizens, and they are submerged because their parents are not qualified for their tasks, because society does not see to it that the deficiencies of the parents are made good to the fullest extent possible, and because society fatuously and callously handicaps the young and otherwise inexperienced by adherence to academic theories which leave the victims exposed and undefended in the presence of temptations which they do not realize are deadly menaces, or often have not the knowledge and resource and strength to combat even when they do feel or know there is danger. And by "the struggle for existence" is meant far more than the mere endeavor to obtain food and clothing and shelter. There is meant also the striving for character, for reputation, for self-control and self-guidance, for all that makes a man and makes a woman in the best sense of those terms. There have perished uncounted numbers of the unfit who never lacked in the struggle for existence any of the aids that material possessions could give. But they had not the essential qualities nor the training that would have fitted them to wrestle successfully with their environment.

It should be said here that it is not best to relieve parents of care and responsibility, as stirpiculturists and Socialists often urge, but they should be instructed, objectively trained, compelled if necessary; if they will not or can not keep their children off the streets when they should not be there, especially at night, the community must reduce to a minimum the dangers of the

streets, not only the palpable physical dangers, but the subtle dangers to bodily health and to moral health as well. It is not necessary to place any of these suggestions and arguments upon an ethical basis (if Stirneristic egoists fear that procedure); the argument of self-defense is ample for all purposes.

The civilizations that have not been among the "fit", that have not survived, that withered away, or rotted in corruption, or went down in cataclysm, were the civilizations where social mistakes were stereotyped into sacred customs that were worshiped instead of being discarded before they became the masters of the people.

In the social struggle for existence, that community is fittest to survive which does the most wise work in prevention and so has to do the least punishing of criminals and supporting of defectives and paupers. The community which wastes least of human life and energy is the community that wastes least of its natural wealth, that builds most solidly and safely, that guards its property against destruction by the incendiary, by the spark-spitting locomotive, careless and selfish campers and smokers, bad electrical wiring, and defective flues. It is the community which guards itself best against disease, whose physicians pride themselves more on prevention than cure, which has the best sanitary system, the best inspection of foods, the least nerve-racking noise, the least pollution and the largest utilization of fresh air, and the best water supply. It is the community which knows that venereal infection is a social concern and acts accordingly, which knows that while poverty is a factor in the prevalence of tuberculosis a more potent and infinitely more difficult factor with which to deal is the popular ignorance of the vital importance of pure air. The community that is fit to survive keeps going an unending campaign of education on the subject of effective ventilation and rigidly enforces building regulations that help to obtain the desired result. The community which survives is the community that permits the least imposition upon the inexperience and trustfulness of its children, that makes the best possible educators of the parents, and which does the most that can be done with human nature as it is to limit the consumption of injurious fluids and drugs, that lessens to the utmost the submergence of human reason and the loss of individual self-control.

The Influence of the Sex Instinct on Human Life

BY DR. L. G., EDITED BY DR. W. J. R.

INTRODUCTION.

Man is considered a social animal. The organs which serve as the foundation for social existence, thru which the life of one being is connected with that of another, are three: the brain, the stomach, and the reproductive system.

The brain, the organ of sensation and thinking, is the founder of all religious and moral ideas, as well as of the arts and sciences. The brain is subject to our five senses, without which it is powerless to conceive, and consequently to create.

The organs of digestion are the supporters of life, and form the foundation of our politico-economic conditions. These organs are also subject to our five senses for the choice of nutritive foods, without which the human creature would perish.

The reproductive organs, or system, are the producers of life, and form the foundation of the relations of the sexes, commonly called marriage systems, and are, like the other organs, subject to our five senses.

Not only are our brain, stomach, and reproductive system subject to the five senses, but they are mutually interdependent. The relation between the brain and stomach has been perfectly established; but that there exists a powerful interdependence between the reproductive organs on the one side, and the stomach and brain on the other, does not seem to have been so well understood. In fact many writers utterly ignore the reproductive instinct as a sociologic factor, and consider the stomach, (or its equivalent, the economic condition), as the only ruling social power; claiming that the brain is in absolute subjection to the stomach, and never acts independently of it, and entirely overlooking the existence of the sex instinct—even disregarding its influence on the relation of the sexes. Everything to them is economic: Stomach, *СТОМАХ*, *STOMACH*. It is the chief, or the only ruling force; all the other forces are the slaves of the Stomach.

When I speak of the sex-instinct, I do not intend to make a division between the sex instinct and the reproductive instinct. Tho each often appears separate from the other, yet as in most instances they are connected, I shall not go into niceties, but shall use the terms "reproductive instinct" and "sex instinct" as synonyms for convenience's sake.

This article is intended to remind people that there exists a sex instinct, with its own physiology, its own pathology, and its own proper sphere of activity, modified at times by the brain and the stomach, just as the action of the brain and stomach is modified by the sexual organs.

The influence of the sex instinct is manifested in the whole realm of sex relations: marriage systems, divorce, prostitution, incest, etc., and—pray, do not be astonished—*sex-morality*.

Why is this important function and its influence ignored? Because our present morality taboos everything relating to the sex relations to such an extent, that even to the medical profession this influence is generally unknown; only few physicians, after years of practice, come to some conclusions on the subject—conclusions forced on them by the sexual life-histories of their patients.

SECTION I.

The Sex Instinct may be artificially classified under five heads. I say "artificially", because in reality each division imperceptibly merges into the next, so that any hard and fast line of demarcation is impossible.

The five heads are:—1. Strong; 2. Moderate; 3. Mild; 4. Absent; 5. Inverted.

Under the term *STRONG* I include those human beings who have more than the ordinary sexual strength,—who demand, and do perform the sexual act more than once in twenty-four hours, not for a short period of time, but for the greater part of their sexual lives. I will cite one case from among my patients.

Mr. R. E. said, "I have been married thirty-five years; and since my marriage at the age of twenty, I have usually had relations with my wife three or four times every twenty-four hours, except when she was

menstruating. I am at present fifty-five, and I do it still, but I have to be coaxed by my wife; the erection does not come readily."

This case, one of a number of such, will illustrate what I call a strong sexual instinct. They are not rare; in fact, among some races they are very common. These people, if well matched, as in the case above cited, have numerous progeny, once more proving that law laid down by Darwin; viz., the stronger the sex instinct of an animal, the more numerous the progeny; and inversely, the weaker the sex instinct, the fewer the progeny.

People with a strong sexual instinct are, as a rule very jealous of their partners. They consider that they can make use of all the sexual love their partners possess for themselves, and do not permit division of love; since they need it themselves, can use it all themselves, nothing is left for others. After all, the center of jealousy is the reproductive act; all other causes are secondary, mere ornaments.

In morals, this class of people are quite different from the rest of mankind. They have a moral code of their own. By others they are considered the immoral people, the debauchees; because in reality the influence of a strong sex instinct on the brain is so profound that the possessors of it do, and must, think entirely differently on the subject of sex morality from those who have a weak sex instinct. Such strongly endowed persons look down with scorn on those possessed of weaker desire, and laugh at their ideas of morality. They consider themselves above the ordinary, of the hero-type, powerful people; are proud of their sexual achievements and boast of them. People with a weaker sex instinct they often refer to as "imbeciles". Of course, they do not parade their ideas openly; you have to know how to get at their ideas.

This first class imperceptibly merges into the second, the MODERATE SEXUAL INSTINCT. In this division I place those individuals who require sexual intercourse from once a week to once in twenty-four hours. In the latter case, they partake of the characteristics of the first class; in the former, of the third; in both cases in less degree than the more pronounced types of the first and third divisions. They likewise have their own morality. People with stronger sex appetite, they regard as immoral; people with milder appetite they look down upon as a class unfit to marry. Their own sex relations they consider as *the* sex relations, which the whole human race ought to imitate. These probably represent the majority.

In the third class, MILD, I place those who require sexual intercourse not oftener than once a week, some only once in several weeks, some once in several months, reaching nearly to zero.

It is *hard* to compel a human being with a strong sexual instinct to be moderate; but it is *impossible* to induce a man with a weak sexual instinct to do what a man with a strong instinct will do. You cannot compel a man who can lift only 100 lbs. to lift 1000 lbs.

These people, per consequence, are the most moral people of all, the real goody-goodies. Their sexual power is soon spent, and they often become impotent early in life. The little sexual capital they possess they can make to stretch over some length of time; but if their partners demand more of them than they can spend, this capital is soon exhausted. Sometimes it is so small that one love affair is sufficient to drain it all, and then they love no more. This is the class from which the typical old maid and old bachelor originate. They have just one handful of love; that once spent, they become bankrupt, and remain single all their lives,

Jealousy is either unknown to them, or periodically present and absent; because after one sexual satisfaction they get an aversion to the object of their love, and to sexual relations in general. This aversion lasts until the next period of sexual activity comes on.

When married, such persons have small families, because they lose their sexual power quite early.

The reproduction of the human race depends on these three classes.

The fourth class in whom the sexual instinct is nearly or wholly absent, is not numerous, and it would play an insignificant part in the history of mankind, if not augmented by people who were virile once, but have lost their virility. Together with this last contingent, it constitutes a very important class. Men in possession of their virility think and act one way; but when they lose their virility, a change of mind takes place at the same time, and they think and act another way. This change of mind brings them together with those of the fourth class, persons who have never had any sexual desire. This class does not reproduce, but is responsible for a great part of our sex morality. In fact, as I shall prove later, nearly all our sex morality originates from the fourth and fifth classes.

The fifth class is composed of sexual inverts. The normal sexual invert is very well described in medical literature, yet a few words of explanation seem to be necessary here. The human being is a bi-sexual product; it always inherits some characteristics from both progenitors,—the male offspring from the female parent as well as the male, and vice versa. In the cases of which we are speaking, the individual inherits the anatomy of one sex and the psychology of the other, so that we have a person who partakes of the characteristics of both sexes, and is neither one nor the other,—neither male nor female. Therefore I prefer the term "third gender" for them.

People of this class are rarely reproducers, because they have an aversion to the opposite sex, and are attracted by their own sex. I would say that sexual inverts are mostly attracted by sexual inverts; they club together, form communities, or associations, and seem to prefer the society of their own kind. Only rarely will a sexual invert attach himself, or herself, to one belonging to the other sex. The society of an ordinary woman is obnoxious to the male sexual invert, especially if she be pregnant. I have known an invert who would not sit on a chair where a pregnant woman had previously been sitting, and would order a cup from which a pregnant woman had drunk to be broken, for fear he might by mistake drink from it.

The most striking peculiarity of the invert is a highly nervous temperament, and a more than ordinary mental development, with susceptibility to the arts. If we should examine the lives of many saints and of some great men and women, we should find many third genders where we never expected to.

The first question that presents itself to people of this class is, "Why am I not like the others?" And starting from this point, they form various theories, which, as I shall show later, form the foundation of our moral ideas. Not being reproducers, their energies are conserved for other expenditure; and this conservation, combined with their unusual mental development and its peculiar bias, renders them active builders of sex morality systems, and in many instances founders of religions. [The founder of theosophy and others.] To this subject I will return later.

THE MEDICAL GUIDE

Abstracts on Therapeutic Subjects, Interspersed with Diagnostic
Points and Interesting Medical and
Historical Facts.

The Treatment of Asthma.

The treatment of asthma is largely empirical, as the condition is frequently a nervous reflex of disturbances in the gastro-intestinal or genito-urinary tracts; is secondary to cardiac disease, emphysema, gout, rheumatism, syphilis or Bright's disease; or is dependent on hereditary constitutional idiosyncrasies.

When it is due to obstructions in the nose, their removal will usually effect a cure. Very slight changes of climate will often cause it to disappear completely, but it is impossible to foretell what sort of location is favorable or unfavorable to the particular case, and this can be ascertained only by experimentation on the part of the patient. Anemia and neurotic conditions must be treated. Cod-liver oil sometimes acts like a specific with badly nourished patients. Hydrotherapy and respiratory gymnastics are usually beneficial.

A purge or emetic will sometimes stop the asthmatic paroxysm, and an impending attack can sometimes be warded off by a pint of strong hot coffee without milk or sugar. A few whiffs of ether, or 4 to 6 drops of amyl nitrite sprinkled on cotton-wool or a handkerchief and inhaled will stop the paroxysm in many cases, as will the inhalation of the fumes of burning nitre-paper, which is prepared by saturating blotting paper in a solution of potassium nitrate, 1 in 5. Other remedies are the drinking of alcoholic liquors, to the point of mild intoxication, or the smoking of cigarettes of belladonna, hyoscyamus, stramonium or lobelia, the leaves of these first being steeped in a concentrated solution of potassium nitrate or chlorate. Even the smoking of a good cigar occasionally has the same effect. When necessary morphine may be given in full doses, 1/3 to 1/2 gr. Except in cases with weak hearts, chloral hydrate is valuable, gr. 10 every hour for the first few doses and then gr. 5 until the paroxysm is relieved. When the irritation comes from the bronchial mucous membrane, potassium iodide and potassium bromide in equal parts are very good, a teaspoonful of ten per cent solution, well diluted, being given two or three times at intervals of a half an hour. A useful compound inhalant is furnished by burning a teaspoonful of the following powder in an open vessel:

Stramonium leaves.....	3	II
Anise	3	I
Tobacco leaves	gr. III	
Pot. nitrate	3	I

The best treatment in the intervals between attacks is the long continued use of potassium iodide, grs. 10 to 20 three times daily, skipping a day every 8 or 10 days. Or atropine may be given in ascending doses, gr. 1/120 increased to 1/16 daily, followed by descending doses—this treatment to be repeated every few months, reducing the dosage and shortening the period of treatment each time.

Antidote for Phenol.

Maherly has found tincture of iodine a powerful antidote in phenol poisoning. A teaspoonful in water gave excellent results in the case of a negro who had drunk by mistake a strong solution of phenol instead of whisky. Similar results were also obtained by giving five drops of tincture of iodine in water repeatedly to children three years of age who had taken phenol.

Diabetic Coma.

Labbé and Carrié maintain that they have had recoveries from profound diabetic coma after the injection of sodium bicarbonate. They injected 500 grams of a three per cent solution intravenously in one case where the patient was deeply unconscious and the secretion of urine had almost ceased. As the patient improved slightly they gave internally sixty grams of the salt in vichy. The next day there was a chill and a jump in temperature, but the patient was conscious and lucid. For twenty-eight days the treatment was continued along the same lines; and, with the exception of a relapse into unconsciousness on the fifth day, the patient improved rapidly and is now well. The alkalization of the blood should be begun, according to these writers, as soon as there are premonitory signs, but once the coma has set in the bicarbonate should be given fearlessly in large doses.

Dreuw's Ointment for Psoriasis (somewhat modified).

Zinci oxidi	5
Ac. salicylici	5
Chrysarobini	10
Ol. Rusci	10
Saponis Viridis	20
Petrolati	20

Mf. unguentum.

Apply with stiff brush to the psoriatic patches daily for six days. After the sixth day, and if there is considerable irritation, after the fourth or fifth day, the patient is to take a hot bath, and a zinc ointment is to be applied for two or three days. This treatment is often alone sufficient to remove the psoriatic patches. If not, then after an interval of a few days the treatment is to be repeated. In our hands this application has proved very effective.

Repeated Cesarean Section on the Same Patient.

Dr. John O. Polak reported the following case before the Brooklyn Gynecological Society:

Mrs. E. S., aged 27, married four years, presented herself at the Methodist Episcopal Hospital three years ago, after being in labor 55 hours. She was a primipara with a justminor pelvis, into which the head refused to enter. Attempts at engagement were made under anesthesia, and tentative traction made with the forceps, which made the disproportion between the head and the pelvis apparent. A Cesarean was done and a 10¼ lb. child delivered. The recovery was uneventful.

Fourteen months later she again appeared in the same service at term. On abdominal examination, the child was found to be large. Previous experience decided the doctor to deliver her by Cesarean Section, from which she recovered without complication, except for a fistulous tract running from the upper angle of the second wound into the structure of the abdominal wall, for a distance of two inches. Repeated carbolization of this tract failed to close it.

In March of this year she again returned to the hospital, pregnant, and at full term and a third Cesarean was done upon her, thru a median incision which included the umbilicus. The omentum which was found adherent to the previous scars, had to be pushed aside in order that a uterine incision could be made in the fundus. With the consent of the patient and her husband, the tubes were excised at their uterine ends and sewn by their peritoneal envelope to the posterior surface of the uterus. The scars in the uterus from the previous two operations were carefully examined and found to be firm and thick.

Cane Sugar in Cardiac Failure.

Dr. H. Dingle reports (*Brit. Med. Journ.*, Jan. 13) remarkable improvement in a seemingly hopeless case of failing heart, thru the use of cane sugar. The patient, who had damaged his mitral valve by over-exertion, had been treated with all the different cardiac drugs, in various

doses, and under conditions of absolute rest and appropriate diet, but showed no improvement and had to have his abdomen tapped repeatedly, twenty-two pints of fluid being drawn off at one time and sixteen at another. Since June 12 he has taken 5 oz. of granulated cane sugar a day. Only twice since has he taken any cardiac drugs, and then only for a few days, and he has not again required tapping. He now sleeps well, is always able to lie down at night, has good appetite, no shortness of breath, no fluid in abdomen, heart and pulse considerably stronger and lungs almost normal. Whether he will sufficiently improve to allow of light work remains to be seen. His urine was examined at various times and only showed an excess of urates. He experienced no inconvenience in taking such a large quantity of sugar, except at first, when he sometimes had a feeling of nausea; and was able to discontinue taking aperients under the sugar.

Pruritus Ani.

The simplest cooling lotion is one containing two drachms of solution of lead subacetate to one ounce of lavender water and seven ounces of distilled water. One containing hydrocyanic acid which is very successful is the following:

Diluted hydrocyanic acid.....	3 i ss
Spirit of rosemary.....	3 i
Glycerin	3 ss
Distilled water (q. s. ad).....	3 x

The best way to apply these lotions is to soak a single layer of lint or linen, lay it lightly on the itching surface, and sprinkle or spray on fresh lotion every five minutes, so as to keep the lint thoroly moist.

Agar as a Vehicle in Intestinal Treatment.

Dr. Max Einhorn advocates (*Am. Jour. Med. Sciences*) the use of agar as a medicinal vehicle in intestinal therapeutics. Dried agar is eliminated undigested. But while passing thru the intestinal canal it takes up a considerable quantity of fluid, and later liberates the medicinal substance thru osmosis. This process takes place slowly and thus has the advantage of reaching a large area with the medicinal agent. Another advantage is the increase in bulk and the softening of the feces, which is useful not only in constipation but also in preventing the too pronounced effect of astringents used in diarrhea. He uses phenolphthalein- and rhubarb-agar in constipation; calumba-agar in colitis; gambir-, tannin-simaruba-, and myrtill-agar in diarrheals; and sumbul-agar in neurotic intestinal conditions. The agar remedies are prepared as follows: The medicinal agent is dissolved in a boiling agar water solution, thoroly mixed, then evaporated to the original dry agar volume. By knowing the quantities taken the medicinal agent can be standardized. The impregnated agar is ground into flakes.

Adalin As A Hypnotic For Children.

Kobrak says that adalin is a harmless sedative and hypnotic for restless, nervous children; for excited and sleepless children who are dyspeptic, or suffering from other derangements of nutrition, for whom it alleviates the hunger régime; for children with infectious diseases to whom sleep at night is necessary, as in pneumonia, in order to give the heart rest, and as a substitute for the usual morphine in adults in similar cases; and in mild convulsions due to various causes. In severe convulsions chloral and bromide are better. Medication with phosphorus and diet maintain their importance. In cases of whooping cough in which the attacks at night are very disturbing and the children are in a nervous decline in consequence, it should be given every second or third evening.

Young Mothers Have Easy Labor.

O. Bondy reports that his observations (*Zeit. für Geburtshilfe*) confirm Mauriceau's statement over 200 years ago that "after the age of 15, girls are delivered more easily the younger they are." Conditions in regard to mother and child seem to be at their best at the ages from 18 to 20. After 23 the conditions grow rapidly less favorable. The deliveries in girls of 14 to 17 were by no means below the average. The average of non-viable infants (3.2 per cent.) was no greater than at the age of 18 to 20, and less than that between 21 and 23, and only half of the percentage between 24 and 27.

Acetone in Inoperable Cancer of the Uterus.

Dr. A. Samuels reports favorably (*Maryland Med. Journal*, Dec.) upon the use of acetone, according to the method of Gelhorn, for the relief of distressing symptoms, such as discharges, fetid odor and hemorrhages, in inoperable cancer of the uterus. The crater is thoroly curetted under anesthesia and, after drying with cotton sponges, one half to one ounce of pure acetone is poured into the wound thru a Ferguson speculum. The anesthesia is then discontinued and the patient left with elevated hips for from 15 to 30 minutes, after which the acetone is permitted to run out thru the speculum and the cavity packed with acetone-soaked gauze and a cotton tampon inserted in the vagina to absorb any excess. After this preliminary curettage and first application, the patient may leave the hospital next day and subsequent applications may be made in the physician's office, beginning five or six days afterwards and continuing twice or thrice weekly if the symptoms demand it. There ensues a progressive diminution of the crater and smaller specula may be used. The immediate effect of the application is a slight oozing, which soon ceases. Care should be taken to protect the vagina, vulva and outer skin from the acetone, which causes an intense burning, and it is best to coat them with a thin layer of petrolatum.

Mercury in Tuberculosis.

Dr. Barton Lisle Wright, surgeon of the United States Navy, reports the results of twenty-six cases (*Medical Record*, Dec. 2) of tuberculosis, bronchopneumonia, typhoid fever, and other diseases of vegetable parasitic origin, in which he gave deep muscular injections of mercuric succinimide, in accordance with his theory that mercury is specific for all diseases of vegetable parasitic origin. The results strengthen his confidence in the supreme value of mercury in the treatment of tuberculosis. He uses large initial doses in order not to produce by repeated small doses a strain of parasites immune to the effects of the drug. He believes the most efficient initial dose will be that which will just fall short of producing mercurialism, and found that 0.091 gram (1 $\frac{1}{2}$ grains) is the most satisfactory dose for the average adult male; it is probable that this dose will at times produce mercur-

ialism, but it can be used with perfect safety, and in all probability will reduce the number of, if not the necessity for, succeeding injections. The solution of mercuric succinimide should be made so that 0.26 c.c. (4 minims) of sterile distilled water equals 0.013 gram ($\frac{1}{8}$ grain) of mercuric succinimide.

Treatment of Inguinal Bubo.

Dr. William P. Coues points out (*Bost. Med. and Surg. Journ.*, Dec. 7) that any attempt at radical cure of chancroidal bubo is ill advised until the chancroid is cured, and that energetic treatment of the latter may abort suppuration of the bubo. He has seen buboes in which it seemed impossible to avoid suppuration disappear completely when the chancroids which supplied the infective material were cauterized with fuming nitric acid. He is opposed to the removal of the inguinal glands even when suppuration is definitely established, quoting cases from the literature in which sporadic elephantiasis of the lymphatic type, lymphatic fistulæ, or infections have developed after removal of the glands. He favors free incision with thoro drainage and the application of various antiseptics to the cavity, such as potassium permanganate, corrosive sublimate or formalin. He prefers this to the small incision, just large enough to evacuate the pus, and the injection into the cavity of iodoform oil, followed by pressure and reinjection if necessary.

Mental Stress in the Etiology of Pellagra.

Mental stress is regarded as a possible etiological factor in some cases of pellagra by Dr. John W. Preston, who reports three cases (*Med. Rec.*, Dec. 2) of patients who were well fed, consumed little or no corn, and were apparently of good resisting power who became victims of the disease following severe grief and disappointments. He points out the parallels between pellagra and tuberculosis, but holds that the lack of resistance to pellagra has to do mainly with the nervous system, which is indicated by its prevalence among the insane and alcoholics, by the fact that in a certain proportion of cases there is a nervous heredity, and by the period of vague and varying nervous symptoms of uncertain duration preceding the digestive and cutaneous lesions.

Silver Nitrate in Tonsillitis.

Of the various local astringents used in tonsillitis, silver nitrate, twenty or thirty per cent solution, is the most efficient. A swab rubbed several times over the entire inflamed surface once a day will relieve the symptoms and shorten the duration of many severe attacks. In preparing such applications great care should be taken to squeeze out the excess of the drug, as very severe attacks of dyspnea may follow if any of it trickles down into the larynx.

Suicide by Quinine.

A young woman in Newark killed herself recently by taking 188 grains of quinine, swallowing 94 two-grain pills.



Affection the Basis of Marriage.

Editor of the CRITIC AND GUIDE,

I notice in your January issue a contribution from Mrs. S. H. Pile of Glasgow, Mo., on "the relations of the sexes." She says that woman's education in regard to sex is not suited to real life. She asks if woman's ideal in regard to man is wrong?

Will you publish in your columns the suggestion that woman suffrage would be an open door to an ideal that would not be based upon the body? Men are said to be more "physical" than women, and the laws and customs in regard to sex are based on the body. Adultery is legally a ground for divorce, because "it defeats the object of marriage." The real reason for divorce is not adultery, but the unhappiness resulting from it. Woman's ideas are not yet expressed in laws. No woman would admit that sexual intercourse is "the object of marriage." Woman is the more "spiritual" sex, and she believes the object of marriage to be affection. Affection ought to be legally as well as socially recognized as the basis of marriage. I admit this is an age-old weakness of the law, but all the more it deserves attack. Jesus deplored the "hardness of heart" which made it necessary for a man to divorce his wife for the fault of adultery. Sexual intercourse in personal life is subordinate to the higher functions of the personality, both of mind and body. Why should it not be subordinate in law to affection and social elevation?

FLORENCE GARVIN.

Lonsdale, R. I.

Apathy of Wives.

Dear Sir:—Your articles in The CRITIC AND GUIDE and in The Call, as well as your "Never-Told Tales" have proved to me that you are a man of courage, fearlessness, judgment, and social and economic insight. What you have said with regard to the social evil I thoroly agree with. But haven't you as well as Dr. Vecki and others left out an important aspect of the problem? How many *married* men are driven to dens of vice and moral degradation by the apathy (not impotence) of their wives? I know of at least two cases where husbands have taken the downward plunge on account of lack of satisfaction of their sexual desires on the part of their wives. Both of these men are teachers and of sterling character. It may be a little weakness on their part. But it certainly is not a matter of

habit. Perhaps it is a matter of satisfaction more than anything else. The family life of both (as far as outsiders can see) is a happy one. Neither have children because they resort to preventives. The only cause of the evil is then, the apathy, lack of interest, and lack of forethought on the part of their wives.

J. M.

[Our Correspondent's remarks are perfectly true. The women need as much education in sexual matters, as the men do. Perhaps more so. Ed.]

An Open Letter to Philip Mills Jones, M.D.

Editor California State Journal of Medicine.

You and I have crossed swords before. In the March 1912 number of the California State Journal of Medicine, over which it is advertised that you preside as Editor, there is an Editorial which contains at least one wickedly unjust misstatement. You class that very remarkable non-poisonous antiseptic Chinosol, as belonging in the list of nostrums. If your statement was not made with malicious intent, then it was due to crass ignorance. Chinosol was accepted by the Council on Pharmacy and Chemistry nearly two years ago, appears in the New and Nonofficial Remedies, and whole pages of advertising of Chinosol have appeared in the Journal of the American Medical Association.

In your Editorial you cast reflection upon such professional giants as Mayo, Crile, Ochsner, Carstens, Ingalls and others, and attempt to injure the "American Journal of Surgery," and "American Medicine" and "Annals of Surgery"—all those Journals being edited and managed by competent and honest individuals who enjoy the confidence of every human being who personally knows them. You also attempt to injure two physicians of standing in your own city of San Francisco—Dr. Douglass W. Montgomery and Dr. George D. Culver. Dr. Montgomery was in practice, enjoying the confidence of his colleagues and the confidence of his patients, when you were but twelve years old—just about the period when your nurse was discharged. Was it not a mistake that your parents ever permitted that nurse to leave? You evidently still need her guidance. Just think how some of the intellectual giants above mentioned must have missed your valuable advice and how their progress must have been retarded because of the late day at which your advice arrives.

Just a word or two. It is always unfortunate when an Editorial pen is in the fingers of an individual unfit to wield it. Editorials ordinarily are given greater attention than the regular text in a publication; thus an Editorial containing an untruth does serious damage because even if the lie be contradicted, the contradiction does not meet all of the eyes which read the untruth. Any man who is saturated with envy or hatred or malice, or who is careless in the statements that he makes, should put down his Editorial pen forever and permit it to be taken up by

someone possessing self-control and caution as to the making of statements which are not strictly accurate. It is a very dangerous situation that any man who is as careless or else as wilful as you, should be in position where he can do serious damage to the reputation of an honest individual, an honest publication or an honest medicinal product. Every fair thinking individual will condemn you for the things of which I complain.

CHARLES ROOME PARMELE.

[This sharp rebuke is well deserved. Philip Jones is too reckless, too malicious, too irresponsible in his statements. Ed.]

A Challenge.

27 West 72d Street, New York.

To the Editor of The CRITIC AND GUIDE:—

In the efforts that are being made to protect the babies from milk-borne diseases such as tuberculosis, typhoid and scarlet fevers, diphtheria, sore throat and summer complaint, the well considered policy of the Public Health Service and of the foremost health officers of the country is seriously hindered by attacks based upon ignorance.

The statement is repeated with assurance, without proof, that the use of pasteurized milk causes rickets, scurvy and anaemia. People are scared by these outcries into exposing their babies to infectious diseases, and the lives of helpless little ones are forfeit.

It does not undo the harm by showing that the Public Health Service, after exhaustive investigation, declared that "Pasteurization prevents much sickness and saves many lives," and proved that the process does not impair the taste, digestibility or nutritive qualities of the milk.

It does not protect the babies from reckless misrepresentation for me to point out that in feeding 25,000 babies with pasteurized milk thru my infant milk depots in New York City alone, never has one case of scurvy or rickets developed. Nor does it still the voice of mischief to cite the experience of Dr. Variot, in Paris, who fed 13,000 babies on sterilized milk without causing these diseases.

Several years ago, when a famous physician who opposes antitoxin and vaccination, raised this cry of scurvy and rickets, I publicly challenged him to produce one case caused by pasteurized milk, and he subsided.

But the mischief of this warfare on the babies goes on, and many lives are sacrificed. If it could be known how many babies perish through their parents being misled by such statements made thru recklessness or ignorance, editors would close their columns to such outbursts as they generally do to the tirades of fanatics who oppose vaccination.

In order to bring this issue to an end, I offer thru you \$1,000 for any case of scurvy or rickets or anaemia caused by feeding a baby with properly pasteurized milk.

If any such case is alleged in answer to this challenge, I will

leave the determination of the facts to Dr. Rupert Blue, Surgeon General; Dr. M. J. Rosenau, Professor of Hygiene and Preventive Medicine at Harvard, and Dr. John F. Anderson, director of the Hygienic Laboratory at Washington, or any jury that they may choose.

Very sincerely yours,

NATHAN STRAUS.

Ellen Key's Ideal of Woman.

Every woman has a right to hold an ideal for herself, but no woman or group of women has the right to set up an ideal as a standard for all womankind.

Every woman has the right to hold and foster and teach her ideal to all who wish to learn of her. But if her ideal is in advance of the social order she has no right to try to live it even for herself alone, because this is an injustice to the social order as a whole. Besides to try to live an ideal under persecution and tyranny is not to live it at all, and the only thing for the wise and great soul to do is to teach and wait.

Ellen Key's ideal of erotic love, is a monogamic relation, "so perfect and consummate," to quote her own words, "that it can be given to only *one* and only *once* in a lifetime." But there are women souls as great as Ellen Key, who have an ideal of erotic love so perfect and consummate that it can be given to as many during a lifetime as circumstances bring within its glorious sun-like range, and even to more than one at a time. Ellen Key gives as her ideal of chastity, George Sand's definition, "never to betray the senses with the soul, or the soul with the senses." But there are splendidly and nobly balanced women with whom sense and soul are one, and with whom consequently such betrayal is impossible.

Ellen Key says of her ideal of chastity that "absolute consecration it its difficult demand."—But absolute consecration to what? To one man? To one relation? As well say that motherhood is so perfect and consummate that it can be given to only one and only once, and that the "sanctity of generation" is so important that its difficult demand is consecration to the bearing of one child only in a lifetime.

The truth of this whole matter is that there is nothing outside of woman to which it is safe for her to consecrate herself. The only sane course for her to pursue is to consecrate herself to her own ideal,—as an ever growing, ever developing, ever advancing goal. Thus will she be true to all that is involved in the highest womanhood, true to herself, true to erotic love, true to motherhood, true to every relation in the social order.

ALICE GROFF.

Division of Fees.

Editor CRITIC AND GUIDE:—

I have been reading with interest the discussion on "Division of Fees," and would, as a country practitioner, like to set forth my views.

The family physician is called up in the middle of the night to see a patient who has developed an appendicitis, possibly abscess formation. He advises immediate operation, patient is sent to hospital, a specialist is sent for, diagnosis is confirmed and patient is operated upon. Family doctor sees patient once or twice and would get from \$1 to \$3 per visit may be. Surgeon sees patient once and charges from \$50 to \$500, and after all who saves the patient—the surgeon, or the man who first saw the patient?

To my mind the so-called division of fees does not exist as such; but a joint bill is rendered, the physician's share of which has been honestly earned and is not in any way a "rake-off."

Very truly yours,

Pottstown, Pa.

GEORGE H. CLAPP.

The Family Physician.

"To give what none can measure, none can weigh,
Simply to go where duty points the way;

.....

Faith, honor, duty—duty calmly done,
That shouts no self-praise o'er a victory won."

—The Physician, by S. *Wciv Mitchell*, M. D.

The inspiring voice of the family physician is not listened to as formerly, in this our day of so-called advanced knowledge. Despite this lamentable fact, the story of his life and doings will never become wholly without interest, or fail to arouse a passing thrill, in even the most supreme egotist. To the good and kind ones of the world, they will never be either stale or unprofitable.

They breathe so much of all that is lovable and endearing; of all that is unselfish and true; of all that goes above and leaves "the earth earthy" behind and below, that inspired by them even the crooked walk straight for a little while.

Would the devoted family physician consent to division of fees, to making exorbitant charges, to being in any way false to his great trust, the health and happiness of his patients—for lucre? Not he. His soul soars higher. He represents to men everything that clears life of dross and rears it skyward. When and where shall we return to him and to his ideals? So soon as our profession embarks again upon the fair sea of upright, broadminded purpose. Never before.

To-day among us, happily, we have one who stands erect, despite his years, and for what is of highest repute—as physician, citizen, patriot.

I fail to note upon whose shoulders the honored mantle shall surely fall. I hope and pray; but greed, vaulting ambition, get the better of many. The microcephalic are as sheep who follow a leader, often alas, into the quagmire or slimy bog.

"I dare do all that may become a man;

Who dares do more is none."

Continence in Young Men.

Dr. Wm. J. Robinson, Editor CRITIC AND GUIDE.

Dear Doctor:—I have been a deeply interested reader of your splendid magazine for over a year and have frequently felt that I should like to add a mite to some of your discussions.

Among the many other vital subjects you and your contributors have so ably treated, I believe the question of continence among unmarried men is of paramount importance to-day. I am one of the vast number who have been "thru the mill." Some of us continue on the same course, regardless of frequent warnings in the way of venereal diseases, year in and year out. My observation has been that few give the subject the consideration it merits from either the moral or physical standpoint. We find other young men either boldly or slyly, according to their nature, pursuing the same course; we meet many older men of the world and some physicians who cater to our desires for gratifying the physical side of us, by specious arguments which most of us are only too willing to accept as gospel. What we all know was originally our conscience, becomes in due time, blunted to the moral aspect and is revived only when we are "stung," to use common parlance, or when we fall under the benign influence of some pure girl with whom we decide to make a home.

I know many men with wives, men who are considered thoroly honest in their business relations and who hold positions of respect in society, who still are guilty of extra-marital relations with prostitutes and who at least profess to believe themselves, for one reason or another, justified in so doing. I have seriously discussed the question in its various phases with many different types of young and middle aged men from our town (this is a normal small community since the town some years ago lost most of its more vicious and flagrant vices and wide-openness), and I have found only a very few who believe it possible for a single man of ordinary health and habits of to-day, to remain continent, once he has tasted of the "Tree of Knowledge" to any extent.

Something like a year and a half ago, when first reading the CRITIC AND GUIDE, I determined to make a test of the question in my own case. From that date I ceased abruptly to have the slightest illicit relation with any woman. I had never been much of a drinker, but determined also to stimulate my resolve by abjuring liquor, which I have done, save for an occasional glass of beer in the summer. I maintained my usual amount of smoking, averaging six pipeloads a day, went in for more exercise as I have a sedentary occupation, and selected a higher and deeper course of reading.

I found absolutely no ill effects and considerable good effect that tended to increase my self-esteem. My mind acts more clearly, and after the first few weeks, I found myself seldom falling into the old trains of thought, which at periods of about a week, used to become lascivious. I also went to a reputable physician, had a thoro examination made and was pronounced fit to marry, should I be so inclined.

That is only one individual case and may not be considered of any great value as an example, but it is set out for what it is worth.

In conclusion, I might add that few of the young men of to-day—and I know a great many and mingle constantly with them—are given to much serious or advanced reading. Those who do read, pursue light fiction generally. Most of them seem to violate the rules of continence more from a desire for amusement primarily; this soon becomes a habit that they believe is either injurious or impossible to break without marriage, and marriage many of them cannot afford, or think they cannot. It seems to me that public lectures on the subject, by highminded and competent men, where the subject is sanely treated, is about the only way to reach them. But what a hue and cry such a course would bring from the prudes and unenlightened but well-meaning guardians of our morals, men and women who fail to recognize into what the young men of to-day are drifting.—A GRATEFUL SUBSCRIBER.

Formulas and Prescriptions

Asthma.

Pulv. potassii nitratis
Pulv. stramonii
Pulv. belladonnæ
Pulv. hyoscyami.....aa ʒ i
Burn half a teaspoonful where
patient can inhale fumes. For severe
dyspnea.

Chloralis 3 ii
Sodii bromidi.....3 iii
Tinct. valer. ammon. ...3 i ss
Aquæ anisi.....ʒ i
Syrupi.....q. s. ad ʒ iii
Teaspoonful 4 times daily with
water. For restlessness and insomnia
in bronchial asthma.

Ammon. brom.....3 ss
Ammon. chlor. 3 i ss
Tr. lobeliæ.....3 iii
Spt. æther. comp. ʒ i
Syrupi.....ad ʒ iv
Dessertspoonful in water every
hour or two during paroxysms.

Potassii iodidi
Potassii bromidi...aa 3 ii ss
Aquæ menthæ piperitæ. ʒ iii
A teaspoonful, well diluted, two or
three times at half-hour intervals;
then every four hours. (When irrita-
tion comes from bronchial mucous
membrane.)

Ammon. iodidi.....3 ii
Fluidext. grindeliæ rob. ʒ ss
Fluidext. glycyrrhizæ....3 iv
Tr. lobeliæ
Tr. belladonnæ.....ää 3 ii
Syr. tolu.....q. s. ad ʒ iv
Teaspoonful three times a day.
Extra doses during paroxysms.

Belladonnæ fol. 3 i ss
Hyoscyami fol.
Stramonii fol. ää gr. i
Ext. opii.....gr. iv
Tabaci.....gr. lxxx
Potassii nitratis.....gr. clx
Aquæ.....Oj.
Saturate bibulous paper and dry.
Paper is rolled into cigarettes, one of
which is smoked until relief is af-
forded or some giddiness produced.

Potassii nitratis
Pulv. anisi.....ää ʒ ss
Pulv. stramonii.....ʒ i
Ignite and inhale.

Potassii iodidi.....3 i ss
Liq. potass. arsenitis...m xxx
Spir. ætheris comp. 3 iv
Syr. pruni virginianæ ad ʒ ii
Teaspoonful three times daily.

Pulv. stramonii fol.
Pulv. belladonnæ fol...ää ʒ i
Pulv. potass. nit. 3 i ss
Pulv. opii.....gr. xv
Ignite and inhale.

An Improved Iodine Solution for Skin Sterilization.

The following solution, originally
proposed by Delauney, has been used
by us with very good results:

Iodine.....gr. 48
Sodium borate.....gr. 48
Alcohol
Ether
Chloroform.....ää oz. i

The solution is stable, non-caustic,
and when painted three or four times
renders the skin perfectly sterile.

Pruritus of the Vulva.

Menthol.....grs. viiss
Guaicol.....grs. v
Zinc oxide.....3iij
Petrolatum.....3j
M. Fiat unguentum.

A Good Laxative Pill.

Strychninæ sulph... gr. 1/60
Aloini gr. 1/4
Ipecacuanha gr. 1/8
Ext. belladonnæ....gr. 1/16
Phenolphthaleini gr. i
Ext. rhannii pursh..gr. 1/2
Pill No. 1. Tal. dos. 30; two pills
at night.

Instead of pills, this combination
can be made up in capsules. Delicate
and young people may require only
one pill or capsule. It is well to bear
in mind that phenolphthalein does
not agree with some people, and in
such cases the other ingredients with-
out the phenolphthalein will also be
satisfactory.

Neurasthenia.

Fluidext. of coca
 Tinct. of nux vomica aa 3 ii
 Dilute phosphoric acid. 3 vi
 Syrup of ginger..... 3 i ss
 Peppermint water... q. s. 3 vi
 M. Fiat mist. Tablespoonful after meals.

Flatulent Distention of the Abdomen.

Tinct. of belladonna .. m vi
 Tinct. of nux vomica.. m vi
 Tinct. of opium..... m vi
 Comp. tinct. of cardamom
 m xviii
 Aromatic spt. of ammonia
 3 j ss

Peppermint water..... 3 vi
 A teaspoonful to be taken every hour for six doses. The cause of the trouble must afterwards be dealt with. The above is for immediate relief.

To Overcome Pelvic Congestion.

Fl. ext. of hydrastis canadensis..... 3 ii ss
 Fl. ext. of cotton root bark
 3 ii ss
 Tinct. of witchhazel bark 3 v
 From 40 to 60 drops three or four times a day.

Local Treatment of Eczema.

To be applied with a bandage, during the stage of acute inflammation:
 Prepared calamine..... 3 ii
 Zinc oxide..... 3 ss
 Glycerin 3 i
 Lime water..... 3 ii
 Rose water..... 3 viii
 If there is much itching one per cent of carbolic acid may be added.

As a simple protective ointment:

Salicylic acid..... gr. x
 Zinc oxide..... 3 ii
 Starch 3 ii
 Petrolatum 3 i
 M.

Acute Otitis Media.

Cocaine hydrochloride.. gr. x
 Carbolic acid..... m x
 Adrenalin (1/1000)..... 3 i
 Glycerin..... mxl
 Water..... q. s., ad 3 ss
 M. Sig. Drop ten drops warmed into the ear every three or four hours.

Editor of The CRITIC AND GUIDE:—
 Gladly am I inclosing \$. currency for the CRITIC AND GUIDE, 1912. If the price was \$5. I would pay just as willingly. This journal covers a field untouched by any other publication and should be read by every broad-minded physician in the land. I keep an index rerum for the different volumes and carefully preserve each one. I hope the journal will continue its present policy for I believe it is doing more in the way of moral reform than any other publication. It gets at the bottom of things.

The CRITIC AND GUIDE pleases me exactly and I wish it long life and prosperity. I am,

Very truly,

FRANK L. KEELER, M.D.
 Perry, Okla., Feb. 7.

Dear Doctor:—Enclosed find check for \$3, for two years of the CRITIC AND GUIDE, and a copy of 'Never Told Tales.' I endorse your course and the positions taken to the fullest extent, and am only sorry that I am not able to help dispel the pall of ignorance that hangs over this fair land. I am up toward sixty and find myself very forgetful (time for chloroform). I am glad to be counted one of the special friends of the CRITIC AND GUIDE. Go on with the good work. Yours truly,
 J. F. MCCARTY, M.D.
 Comanche, Texas, Feb. 9.

—"The CRITIC AND GUIDE fills a unique position and is satisfying a widespread need." — G. MERRELL HAWKINS, M. D., Seattle, Wash.

—"You are doing splendid work, for which please register my applause.—WM. G. CURTIS, M. D., Wollaston, Mass.

—"I should feel that I had lost some part of my armament if I failed to receive an issue of the CRITIC AND GUIDE."—DR. B. C. GRIFFITH, Swan Creek, Ill.

—"Enclosed find \$1 for the CRITIC AND GUIDE. I cannot live without it."—FRANK VAN WART, Beloit, Wis.

It matters not to how many journals you subscribe: The "Critic and Guide" is so different, so unique, occupies a field so entirely its own, that you cannot well afford to be without it.

THE MEDICO-PHARMACEUTICAL

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH. G., M. D., EDITOR.

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The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

The Editor is responsible for his own opinions only. He always tells the Truth or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth
Than never to tell the truth for fear of making a mistake.

Vol. XV.

NEW YORK, MAY, 1912.

No. 5.

EDITORIALS AND EDITORIALETTES

A SEXLESS SOCIAL EVIL.

If one wrote a history of the English drama and left out absolutely all reference to William Shakespeare's works, what would you think of such a history? Something analogous happened last night at a meeting of the Society for Moral and Sanitary Prophylaxis, where the Social Evil in its various phases was the subject for discussion. In none of the three papers read, in none of the discussions that followed, was the chief factor, the chief cause of prostitution mentioned, hinted at or alluded to. None of the speakers, apparently, seemed to be aware of the existence of such a thing as a sexual instinct or a sexual impulse—and this, after all, is the principal cause of prostitution, as it is the only cause of non-venal extra-marital intercourse.

The papers of the evening were as follows:

First: "Recent Progress in Governmental Attitude Towards Prostitution." This paper was read by Prof. E. R. Seligman. Prof. Seligman is a clear, logical thinker and a pleasant, effective speaker. On the subject of reglementation and segregation, however, I fear he has some prejudices. Because the police are full of graft and corruption is no indictment of the system of reglementation, it is an indictment of the police. Prof. Seligman himself alluded to the fact that in Germany, where there is no graft, the system of reglementation and segregation, in those cities where it prevails, works very well. He would be still more convinced of the value of that system if he saw its latest improvements in Bremen and Hamburg, for instance. All it is necessary

to do is to make prostitution absolutely legal, to leave the prostitutes unmolested as long as they do not become public nuisances, and practically all graft on the part of the police would be eliminated.

The second paper of the evening was read by Florence Kelley, and it dealt with "The Economic Causes of Prostitution". She made a splendid address and she showed very effectively that the most dangerous occupation for our young girls is that of a sales-girl in a department store. She showed very convincingly why the department store was much more instrumental in leading girls into prostitution than the shop or factory. She showed how a wage insufficient to live upon must necessarily lead to one of three things, either to tuberculosis, to melancholia and insanity, or to prostitution. She pleaded for a minimum wage law.

The third paper was read by Dr. Howard A. Kelly of Baltimore, and its title was "What Are The Next Practical Steps To Take In Dealing With The Vice Problem?" Dr. Howard A. Kelly is professor at Johns Hopkins University and is one of the world's most distinguished gynecologists, but I cannot help saying that he shows himself inadequate to deal with modern social and ethical problems, for his ideas are distinctly medieval ones and the remedies he proposes are 12th Century remedies. His program for dealing with the social evil consisted in one word: extermination, absolute uncompromising extermination. And the way to completely exterminate prostitution, according to Dr. Kelly, was to teach religion on all occasions, in and out of school, to pass strict Draconian laws, and to compel the officials to enforce those laws. That is all that was necessary. Simplicity itself! Why these steps were called "practical steps" I do not know. Does not Dr. Kelly know that his practical steps have been attempted from time immemorial, and have proved futile and useless or worse than useless? The sincerity and earnestness of Dr. Kelly nobody will question, but his judgment will be condemned and his remedies will be smiled at, to use a mild term, by every sociologist and sexologist who has made a study of the subject.

The discussion that followed the reading of the papers was extremely vapid, with the sole exception of the remarks made by Dr. J. P. Warbasse. He emphasized the economic causes of prostitution and he showed how the prevailing economic conditions, which make it difficult for a man to marry and which cause marriage to be deferred later and later, are a continuous and important cause of prostitution. According to him, if marriages could be consummated at an early age prostitution would disappear. In this, we regret to say, he is mistaken, for it is a well known fact that at least one-half of the patrons of prostitution houses or of clandestine prostitutes are married men. That an improvement in the economic conditions would materially diminish the prevalence of prostitution there is no doubt whatever, but that it would completely abolish this evil, or this institution,

I emphatically deny. Its causes are even more fundamental than the economic causes.

How long will people be afraid to discuss vital problems openly and frankly without equivocation and mental reservation?

A CALIFORNIA PINHEAD EDITOR.

In the April issue of the California State Journal of Medicine Dr. Philip Mills Jones, the editor (?) scolds Dr. M. Krotoszyner, a distinguished urologist of San Francisco, for having contributed a paper to the American Journal of Urology, said journal being guilty of carrying the following adds: ergoapiol, antiphlogistine, glyco-thymoline, pepto-mangan, glyco-heroin, antheol and dioradin.

Of course, Jones has a "right" to write whatever he pleases, the same as any irresponsible lunatic has a "right" to babble without restraint; but we will prove here that if Jones is not *non compos mentis*—which would be the most charitable interpretation—then he is an untruthful hypocrite. These terms are not polite, they are not parliamentary, they are perhaps not even gentlemanly; but we will let them stand, because they are true.

In criticising Dr. Krotoszyner, Jones asks virtuously: "Does Dr. Krotoszyner know anything about the things that that journal advertises? Does he not know that ergoapiol is advertised in the newspapers?" Now, *this is a distinct and definite lie*. Ergoapiol is not and never was advertised in any newspaper or magazine or lay publication. It is and always has been advertised in medical journals exclusively. It is as ethical a product as was ever put up by any firm or advertised in any medical journal. Nor is there any question as to its therapeutic efficiency—it is certainly one of the best products of its kind for the purposes recommended. So what objection can there be to it? But Jones never cares what he says. In the March issue he made a gross misstatement in classing chinol among the nostrums, when as a matter of fact this excellent antiseptic has been approved by the Council, and Jones was forced to print a retraction and an apology. And now he will undoubtedly be forced to print a retraction in reference to ergoapiol. And what is true of ergoapiol is true of all the other products he mentions. Every one of them is thoroly ethical, of known composition and advertised in medical journals exclusively. "Has he ever looked at the label on a bottle of glyco-thymoline?" continues Jones, "has he not read the exposures of the pepto-mangan 'literature' by the A. M. A.?" There is nothing whatever objectionable on the label of glyco-thymoline. The uses for which this pleasant and efficient alkaline antiseptic are recommended are proper uses; there is nothing grotesque or untrue or exaggerated in the claims made for it. And as for the pepto-mangan literature, there has never been sent out a piece of literature by the manufacturers that was not thoroly ethical and based upon the statements of medical men themselves.

It is a disgrace to have an editor of an official journal make

reckless, untruthful statements and slanderous innuendos in a mere vengeful desire to injure proprietors of ethical preparations and editors of independent medical journals who dare to do their *own* thinking and *writing*.

There are some people who while narrow and even bigoted, are sincere and honest. According to the light that is in them, they are strictly consistent. Adolph Koenig of the Pennsylvania Medical Journal belongs to this class. Philip Mills Jones distinctly does not belong to this class, for besides being narrow-minded and bigoted, he is also a hypocrite, an inconsistent hypocrite. Because in his own journal he carries the ads of some of the worst nostrums. How about Coca-Cola, Jones? That nostrum, advertised in the newspapers and on the fences as a wonderful pick-me-up and "tonic", has been advertised by Jones for months and months after his attention was called to his inconsistency. Just think of it! Coca-Cola in a highly "ethical", holier-than-thou, official journal! If Coca-Cola is all right for an official journal, then Peruna is all right for any independent journal. Coca-Cola and the saintly Philip Mills Jones!

[But let us not be too hard on him—maybe he needed a dose of Coca-Cola in his work, every once in a while, and the manufacturers furnished it free to the editor.]

He is a hypocrite even with reference to preparations not approved by the Council. He attacks every journal that carries any ads not approved by the Council—and he himself carries in his journal an ad of Trypsogen, which he knows very well has been kicked out by the Council. How about it, Mr. Jones? I never make vague general accusations. Here is a specific question. Why do you carry an ad of Trypsogen, which you know has been disapproved by the Council—which is much worse than merely not approved. You "certainly would not intentionally do anything to injure the excellent work that the Association is doing through the Council on Pharmacy and Chemistry"—to use your own words. How about it again? Will you dare answer it? Do not get away with the excuse that it is only one. *Falsus in uno, falsus in omnibus*. And one would well be justified in stating that the reason you do not carry more unethical ads is because you cannot get them. How about it?

One more point, Mr. Jones, and I will be thru with you. And after I am thru with you, you will perhaps write no more impudent, malicious, malignant, reckless and lying "editorials". In referring to the American Journal of Urology, you refer to it as a "medical (?) journal"—with question mark after medical. Now if you were sober when you wrote your "editorial", you must have known that whatever the American Journal of Urology is not, it is certainly medical from the first page to the last, from the first line to the last. It is only medical. It is as dull as a medical journal can only be; it is as purely technical as a medical journal can only be; it has no news items, no current comment, does not deal with any sociologic or ethical questions—nothing

but pure technical medicine and surgery. And the contributors are among the foremost urologists all over the world. So why is it not a medical journal? Answer that question if you can.

But, after all, what can you expect of a pinhead editor, whose medical knowledge it requires an ultramicroscope to discern and who has only one poor little string to harp on, and is a poor harper at that.

It is certainly time the California State Journal of Medicine changed its pinhead microcephalic editor for a real man, for a man who can write, for a man who has some brains, and one who is not such a reckless prevaricator.

A DISHONEST EDITORIAL AND A NASTY STATE OF AFFAIRS.

As I said before, the Journal of the American Medical Association is one of the best medical journals published in the world, and it is painful and disagreeable to have to criticize it; and I would like it much better if it were conducted so that I should have to bestow nothing but praise upon it. But *amicus Plato, magis amica veritas*. Within the last few months it has published a number of editorials which cannot be characterized otherwise than by the word nasty; and nothing will prevent me from criticizing a journal, good as it may be in all other respects, if for some reason or other it begins to prostitute its pages and becomes guilty of irresponsible statements, chicanery, charlatanry and downright dishonesty. There has hardly been an issue of the J. A. M. A. within the last four months which did not contain at least one editorial deserving these epithets.

As an example I will take this week's issue (April 13). It contains several excellent editorials, but one very nasty one. That one is entitled "Therapeutic Efficiency". The editorial in question very properly says that "therapeutic efficiency is by no means the only element to be taken into consideration in determining whether a product is or is not a fraud". With this we fully agree, but here the Journal proceeds to give an example:

"Suppose an unscrupulous individual with no knowledge of medicine or pharmacy, but with an hypertrophied advertising sense conceives the idea of exploiting an 'ethical' proprietary. He takes equal parts of quinin sulphate and starch, has them made into tablets or put up in fancy-colored capsules. He gives the mixture a catchy but meaningless name and obtains a perpetual monopoly of that name under our trade-mark law. He buys advertising space freely in the so-called independent medical press. He tells the physicians of the country that his wonderful preparation is a tertiary diamine of the natural order of *Cinchonaceae* in combination with amylose ($C_6H_{10}O_5$)_n. He recommends it for everything from soft corns to hard chancres. Has the stuff any 'therapeutic efficiency?' Certainly it has. For malaria, it will be just as valuable as one-half the same quantity of quinin. True, quinin sulphate sells for 25 cents an ounce while our ad-

vertising friend asks \$5 an ounce for his proprietary preparation. Notwithstanding this, it must still be admitted that it is good—for malaria. It has 'therapeutic efficiency.' Why then should not the Council on Pharmacy and Chemistry approve it? Why should not medical journals aid the swindler in exploiting it by sharing the profits in the fraud? This hypothetical case is no exaggeration of conditions that exist in the pharmaceutical world to-day. Hundreds of simple mixtures are sold under the most fraudulent claims."

All this is stupid, idiotic demagoguism for the purpose of damnable sensationalism. I am never general in my condemnation, but I always make specific charges; and I challenge the gentleman responsible for this editorial to mention *one single product* advertised in the medical journals which is similar to the example given in the editorial. The editorial states distinctly "this hypothetical case is *no exaggeration* of conditions that exist in the pharmaceutical world to-day". If it is no exaggeration then it should not be difficult to mention a dozen preparations which are as common in their composition as a simple mixture of quinine and starch and which are advertised in medical journals as good for everything from soft corns to hard chancres.

I say that the writer of that editorial is either an ignoramus utterly unfamiliar with pharmaceutical conditions of the present day or he is a deliberate liar. Among the nostrums advertised to the laity, particularly in the lower class newspapers intended for farmers, there are such palpable and unequivocal frauds, but *there are no such preparations at the present day advertised in the medical journals for the medical profession.* It is a disgrace for an official journal to make such statements, for they calumniate and wantonly insult: first, pharmaceutical manufacturers whom they thus stamp as common swindlers; second, the medical publishers and editors of the country, whom they thus stamp as sharers in the frauds and swindles; third, the medical profession at large whom they thus stamp as imbeciles and ignoramuses incapable of exercising the slightest discrimination in the selection of their remedies.

There is also another side to the question. Such editorials have an extremely injurious effect in throwing the entire profession into discredit with the public, for the quacks are quick to pick up all criticism of the medical profession by medical journals—they have special people now devoted to this purpose—and they are not slow to show to the public what the official Journal itself says of the medical profession at large and of its ignorance and lack of discrimination in treating patients. Were this true then I would have no objection to this publicity, because I do not believe in hiding any evils existing in our profession from the public, but to deliberately distort the truth and to make us appear in the eyes of the public a thousand times worse than we are, this is certainly a miserable piece of business for our official Journal to engage in.

My readers know that I do not hide behind generalities and vague accusations. I have made this editorial as plain and as strong as I could, and I herewith challenge either the editor of the Journal of the American Medical Association or any Committee of the American Medical Association to discuss this entire question in public and to determine whether the Journal's editorials concerning proprietary preparations and medical advertising represent the full truth or are full of distortions of the truth, malicious innuendoes and unjustifiable accusations, and I shall be willing to abide by the result of such a debate. It is a very, very serious matter for the official Journal of the Association to be guilty of such reckless utterances and misstatements as have characterized some of its editorials of late. No venal commercial journal has ever been guilty of worse perversion of the truth.

SICKENING INCONSISTENCY.

And here is something to make the obtusest intellect smile, if an intellect can smile. The J. A. M. A. gives a hypothetical example of a nostrum consisting of quinine and starch which is recommended for all diseases from soft corns to hard chancres. Such a preparation does not exist among ethical proprietaries advertised to the medical profession, and is merely a figment of the editor's overheated brain. But here is something funny. In the same issue of the J. A. M. A., on advertising page 43, there is advertised a preparation under the name of "Ext. Chinæ Nanning". It is a preparation of cinchona containing five per cent of alkaloids, but it is advertised as "a bitter tonic of exceptional utility in *all* functional gastric disorders, *defective metabolism* and diseases of *psycho-neurotic* origin." Isn't that absurd? Does the editor really believe that the cinchona alkaloids are of exceptional utility in *all* functional gastric disorders? Are the cinchona alkaloids of exceptional utility in defective metabolism, which may have hundreds of etiologic factors? And since when have the cinchona alkaloids been of "exceptional utility in diseases of psycho-neurotic origin?" Does the editor really believe that this is true? If this same statement were made about some other proprietary, non-approved by the Council, then the editor of the J. A. M. A. would howl "fraud and humbug", but because it is advertised in the J. A. M. A. it is all right. Can the king really do no wrong? Gray's Glycerine Tonic is a nostrum, according to the wisecracks of the Council, while Ext. Chinæ Nanning is not. Oh rot! it is becoming sickening.

ANTISEPTICS MAY BE ADVERTISED TO THE LAITY— AT LAST.

Every suggestion, every reform that we propose comes to pass—in due time. For we only suggest things that are right, that are in the line of progress, that are of benefit to mankind, and that are *feasible*. The time is sometimes slow in coming, but come it does. We have always claimed, contrary to the

Council and our ultra-ethical pinheads, that there can be no objection to advertising antiseptics to the laity, even when used on the human body. And four years ago (June, 1908) we had the following editorial in THE CRITIC AND GUIDE:

"We can see no valid objection to advertising antiseptics for external use to the laity, either by circulars or thru the newspapers. Recognizing as we do (the better part of us) that prophylaxis, prevention of disease, is one of the physician's most important functions—we believe that in the future prophylaxis will be considered a more important function even than the treatment of disease—we should be glad to have the people acquire an intelligent acquaintance with the nature of antiseptics, the character of various antiseptics, their uses, etc. It is our opinion that the physician who objects to advertising antiseptics to the laity is just a little narrow-minded, and not entirely altruistic."

Now, at last, after four years' deliberation—bureaucratic bodies move slowly—the Council on Pharmacy and Chemistry has come to the conclusion that we were right, and in this week's issue of the J. A. M. A. (April 13) appears the report of the Committee on Advertising of Antiseptics, Germicides and Disinfectants to the Public, which concludes with the following recommendation:

"The advertising to the public of antiseptics, germicides and disinfectants accepted for inclusion with New and Nonofficial Remedies shall be permitted, provided that it be limited to conservative recommendations for their use as prophylactic applications to superficial cuts and abrasions of the skin and to the mucous surfaces except those of the eye and the gastro-intestinal and genito-urinary tracts. In no case shall it include recommendations for use as curative agents, nor shall the names of any diseases be mentioned in such exploitation. If the preparation is sufficiently toxic to require caution in its use to prevent poisoning, this fact shall be stated on the label."

AN INTERESTING PARALLEL.

J. A. M. A. March 9,

After Dr. Squibb's death, the responsibility for the reputation of the concern seemed to be divided, and, while the name remains, recent events indicate that the principles governing the house of E. R. Squibb & Sons have changed.

There is nothing sadder in commercial or professional history than to see the honored name of a great firm brought into discredit by the penny-wise and pound-foolish tactics of those who consider dividends of greater moment than reputation.

J. A. M. A. April 13.

From evidence submitted The Journal is satisfied that no change in the methods of this house has occurred and that the ideals of Dr. E. R. Squibb are still being honored and lived up to.

In consideration of their explanation and their fair action in this matter they should continue to receive the full confidence of the medical profession.

Now what should we think of the morality of an official Journal which, with all its tremendous influence, will attack a firm as having lost all honor and integrity and having embarked upon a career of fraud and deceit, and will the very next month declare that from evidence submitted it is satisfied that no change in the methods of the house has occurred and that its former ideals are still being honored and lived up to? What shall we

think of a Journal that will accuse a firm of having brought its honored name into discredit by its desire for dividends and will then say that, in consideration of their explanation and their fair action, the house should continue to receive the full confidence of the medical profession? Can we, the real thinking members of the profession, have respect for such a journal and its managers? Why did not the managers of the Journal ask the firm of E. R. Squibb & Sons for an explanation *before they published that vicious attack*? Wouldn't that have been much simpler and much fairer and much more decent all around? Let those who are still capable of unbiased judgment answer.

I hold no brief for the firm of E. R. Squibb and not even the most slanderous tongue will dare assert that I have any interest in the house, for they have never even given THE CRITIC AND GUIDE a single line of advertising; but it upsets my equilibrium to see vicious, unjustifiable, reckless attacks by our official Journal. I demand fair play for everybody—manufacturer, medical editor, medical publisher, medical practitioner and even the big, big lay public.

**DO THE UNITED STATES PHARMACOPEIA AND THE
NATIONAL FORMULARY REPRESENT A COMPLETE
ARMAMENTARIUM FOR THE PHYSICIAN?**

The following letter which I sent to the Editor of the Pennsylvania Medical Journal presents my views on the subject and may as well serve as an editorial in the CRITIC AND GUIDE. To the Editor of the Pennsylvania Medical Journal:—

I was pleased to read your editorial in the Pennsylvania Medical Journal for March announcing a department of official preparations of the United States Pharmacopeia and the National Formulary. Physicians should certainly be familiar with these two standard formularies, tho we must not make fetishes of them, because even they contain many worthless preparations and not a few therapeutic monstrosities.

But in your concluding paragraph you make a statement with which no progressive modern physician in active practice, who cares for the interests of his patients more than for abstract notions and questionable ethics, will agree. You say: "We believe that these two classes of preparations represent a complete armamentarium for the physician, and that they should be prescribed in preference to the multitude of unofficial and unethical preparations."

In my office to-day I, among other things, used and prescribed the following remedies: first, salvarsan; second, protargol; third, adrenalin; fourth, beta-eucaine; fifth, ichthyol; sixth, mercury salicylate. Of course I used these preparations because I consider them the most useful in the given cases. Would you kindly tell me what preparation, official either in the United States Pharmacopeia or in the National Formulary, I could use in preference to salvarsan, in preference to protargol, in preference to

adrenalin, in preference to beta-eucaine, in preference to ichthyol, in preference to mercury salicylate?

None of these preparations is official in either the Pharmacopeia or the National Formulary. At the same time they have an unquestioned usefulness and no official preparation can be used as a substitute for them. It is therefore seen that the statement that the preparations of the United States Pharmacopeia and the National Formulary represent a complete armamentarium of the physician is erroneous.

And I might say that the propaganda, in and out of season, to use only official preparations is as puerile as it is wicked. We are sacrificing our patients' interests to a mythical ethics. It was very bad for the physician to consume and to make his patients consume numerous preparations of which he knew not the composition, not even their content in potent ingredients. But this evil is no longer confronting us. All manufacturers now voluntarily, as a matter of self-interest, give the composition of their remedies; while as far as toxic habit-forming drugs are concerned, the Pure Food and Drugs Law compels them to do so. The prescribing of real nostrums, *i. e.* remedies of secret composition, is therefore now practically a thing of the past, and to urge physicians not to use modern remedies of high therapeutic and demonstrable value is very wrong indeed.

It seems to me that the very fact that both the Pharmacopeia and the National Formulary in each new edition eliminate several hundred drugs and preparations and admit several hundred new ones should prove to you that they are neither perfect nor complete armamentaria.

"BOOSTS AND KNOCKS."

In the March issue of THE CRITIC AND GUIDE we had an editorial entitled "A Free and Open Forum", in which we demanded that the Journal of the American Medical Association set aside two to four pages each week in which members of the Association could unreservedly express their criticism of either the Journal or of some of the policies of the Association. In the issue of April 6, the J. A. M. A. announces the inauguration of a new department to contain criticism and comment on the Journal under the title, "Knocks and Boosts", and the first instalment of the "Knocks and Boosts" appears in this issue. While this is a step in the right direction, we are not satisfied with it, for these "Knocks and Boosts" appear in very small type in the advertising pages. The excuse for putting them in the advertising pages is because "they are ephemeral matter and the bound volumes are already large enough." This is a very poor excuse. First, some of the criticisms may prove to be anything but ephemeral matter; they might have perhaps an epoch-making significance. An second, in this same issue which we are discussing now (April 6) there appear thirty-two pages of discussions and pictures of automobiling, which pages are folioed or numbered

consecutively and which pages we will be compelled to bind in our volumes. If there is room enough for thirty-two pages of automobile stuff, which certainly does not belong in a medical journal and which certainly should have been numbered with the advertising instead of the reading pages, then we can spare two to four pages a week in the text pages of the Journal for real criticism. By all means let us have a genuine free and open forum and not a sneaky, advertising page corner substitute for it.

BETWEEN THE DEVIL AND THE DEEP SEA.

Verily, verily, I am between the devil and the deep sea. With one hand I have to fight the would-be bureaucrats, bigots and hide-bound idiots in the profession, and with the other I must attack the frauds, quacks and charlatans outside of the profession. And I assure you that neither my antagonists of the first category, nor my enemies of the second love me any too much. And they do not permit themselves to be attacked with impunity. But as I have kept at it for quite a few years, and am still alive, I will continue to go the even tenor of my way, even as I have in the past.

SEPARATE BEDS.

The Editor is often consulted on some very intimate points. The most delicate questions can be answered only in person or by letter. But the question of one or two beds for husband and wife has been asked so often, that we permit ourselves to answer it thru THE CRITIC AND GUIDE. My answer is: Decidedly two beds. Where the economic conditions permit, it is often even advisable to have two separate bedrooms. But whether this is feasible or not, two separate beds by all means. Into a discussion of the reasons, I do not care to enter here, but they may become clear enough to any intelligent mind, after just a little thinking.

GREATER NEW YORK NUMBER OF THE AMERICAN JOURNAL OF SURGERY.

In June the American Journal of Surgery will issue a number composed of original contributions from men of recognized prominence in the medical profession residing in Greater New York. Among those to contribute are, Herman J. Boldt, C. N. Dowd, Meddaugh Dunning, Wm. S. Gottheil, E. L. Keyes, Jr., Howard Lilienthal, Chas. H. May, Willy Meyer, Robt. T. Morris, S. Lewis Pilcher, John O. Polak, James P. Tuttle, James P. Warbasse and others.

Apparently the above named good men and excellent surgeons were not frightened by the philippic of the J. A. M. A. against the American Journal of Surgery, and do not mind incurring Dr. Simmons' displeasure.

SEX MORALITY.—Past, Present and Future. Just off the Press. Send for a Copy. \$1.00.



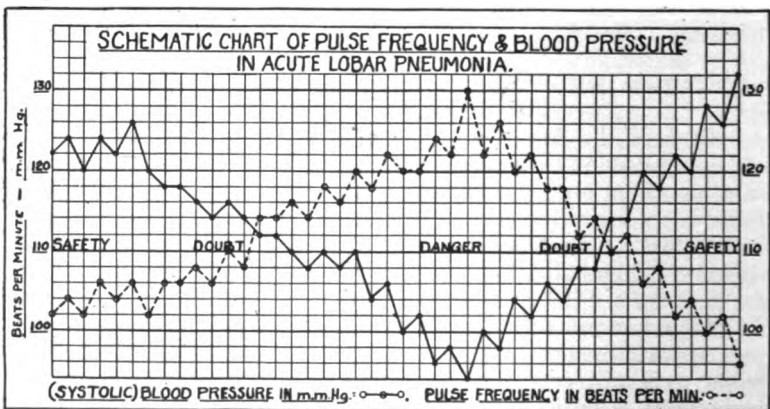
Contributed by the author to THE CRITIC AND GUIDE.

The Pulse Rate Blood Pressure Ratio as a Guide to Prognosis and Treatment in Acute Lobar Pneumonia.

BY SOLOMON SOLIS COHEN, M. D., PHILADELPHIA.

In 1908, G. A. Gibson, in a valuable paper upon the clinical study of blood pressure,* called attention, among other facts, to the importance of its exact measurement and record in acute lobar pneumonia. If the pulse frequency (in beats per minute) and the systolic blood pressure (taken in the arm and expressed in millimetres of mercury) be charted upon the same vertical, a remarkable relation is exhibited, which is of great value (1) in prognosis and (2) as a guide to treatment.

1. *Prognosis*.—When the pulse frequency curve is higher than the blood pressure curve, there is danger; when the two are approximately equal, the condition is one of doubt, which may incline either way; when the pressure curve is continuously higher than the frequency curve, the patient's condition is favorable and he may be expected to recover. The rule is not infallible, as complications, age, extent of lesions, adequacy of nursing, environment, especially the possibility of exposing the patient to open air, and other factors must also be taken into consideration; but other things being equal, in probably nine cases out of ten the prognosis may be based upon the relation exhibited between the two curves as expressed in the following diagram:



2. *Therapeutically*, this relationship serves to indicate the

* Edinburgh Med. Journ., January, 1908, lxxv, p. 22.

time for the administration of so-called cardio-vascular stimulants, and to demonstrate their effect. The actual figures of the two curves are of less importance than the distance between them.

Thus, let us suppose that on admission the patient has a pulse frequency of 150 (beats per minute) and a systolic blood pressure of 100 (millimeters Hg.). The prognosis is grave, and the indication for the administration of some drug that will reduce the frequency and increase the vigor of the cardiac action and at the same time tone up the blood vessels, is apparent. The drug that I have found most useful for this purpose is *cocain hydrochlorid* given hypodermically in doses of 0.03 Gm. ($\frac{1}{2}$ grain), and repeated every third hour until either the pulse frequency is so far reduced or the blood pressure so far elevated, that the two curves approximate. Let us say that in six hours the pressure is elevated to 110 and the pulse frequency declines to 120. The *cocain* is continued, and in six hours more the pulse frequency has declined to 110 and the pressure has risen to 120. A favorable change has taken place, and the intervals between injections may be lengthened to six hours or more, according to conditions present. In the course of further treatment the pulse frequency and blood pressure may both decline, say the former to 100 and the latter to 110. The condition is still favorable. Later the pulse frequency may decline to 90 and the pressure to 100. Now we have the same figure for the pressure as it was in the beginning; but whereas it was then highly unfavorable because the frequency was 50 points higher, it is now comparatively favorable because the frequency is 10 points lower.

The figures I have given are, of course, arbitrary, being taken merely for the purpose of illustration. While the coincident pulse-rate is of course the principal point to be considered a blood pressure continuously below 100 is, however, if not a danger sign, at least a precautionary signal, even when the pulse frequency is equally low, except during post-critical convalescence or during convalescence after decline of temperature to normal in the absence of crisis. Decline without crisis, it is to be remarked, is the rule under treatment by bacterins or by quinine and urea hydrochlorid, as reported by the author on several occasions.

Treatment by *cocain* does not take the place of other treatment. It is directed against a single symptom, namely, the depression of cardio-vasomotor tone; which symptom, however, is indicative of one of the principal dangers to be feared in acute lobar pneumonia. So-called cardiac failure is usually vasomotor paralysis; and *cocain* seems to ward this off, if used promptly and sufficiently. It must be given by injection. The number of injections necessary in the course of the attack may be but one, or it may be as many as 4 to 8 daily. I have never observed any symptom of *cocain* poisoning under its careful use, nor have I seen a *cocain* habit induced.

When *cocain* alone is insufficient, as sometimes happens,

both at the beginning of an attack and later, it may be associated with epinephrin (the adrenal principle) under any one of its commercial forms; about 20 to 30 minims of a 1:1000 solution constituting the ordinary dose by intramuscular injection. Epinephrin is prompt in its action, but fugacious; cocain is slower, but more persistent. Hence their association is rational; one being used for quick effect and the other for maintained influence.

Caffein sodio-salicylate or caffein sodio-benzoate may be used as a succedaneum for cocain, about 2 grains (0.12 Gm.) being the equivalent of $\frac{1}{2}$ grain of the coca alkaloid. Strychnin and atropin are useful at times to maintain the effect when for any reason it seems inadvisable to push the cocain. When the heart itself seems to be weak, camphor may be used either conjointly or alternately with the cocain. I find a syringe-ful (about 20 to 25 minims) of a 10 per cent. solution of camphor in sterilized olive oil a convenient and effective dose; but twice this quantity may be given, if necessary—a 20 per cent. solution being used. The camphor is to be repeated according to indications, and thus may be given every hour or two, or only once or twice in a day; or perhaps but a single time in the course of the malady. No invariable routine can be given for the administration of drugs of this character—or, for that matter, of any other character. Like the artist in paints, the artist in therapeutics must mix his material “with brains”.

This article is not intended to be a complete treatise on the management of patients with acute lobar pneumonia. I have elsewhere published my favorable experience with quinin and urea hydrochlorid,* and during the past six months have had results even more gratifying than those previously reported. I have also seen admirable results from the use of the mixed bacterins and from the use of pure pneumococcus bacterins. Above all, I consider the continuous exposure of the patient to fresh air—if possible, out of doors, as upon a roof or porch—highly essential. The body is to be kept warm—if necessary, hot water bottles and the like being used when coverings are insufficient—but the air taken into the respiratory passages should be cold, and when possible, unconfined. All other details of good nursing must be scrupulously attended to.

What I do want to emphasize here is the importance of the Gibson phenomenon; and at the same time I desire to acknowledge the great assistance which it has been to me in determining when to give, when to intermit, and when to resume, the administration of vasomotor and cardiac tonics and stimulants. Also I wish to point out the great value of cocain in this connection.

* Note on the favorable Influence of Quinine and Urea Hydrochloride in Large Doses Under the Skin in the Treatment of Acute Pneumonia, Lobar and Lobular. *Amer. Journ. Med. Sciences*, January, 1912.

How to Use Quinine and Urea Hydrochloride; Especially for Systemic Effect by Injection in Malaria and Pneumonia. *New York Medical Times*, March, 1912.

Contributed by the author to THE CRITIC AND GUIDE.

The Influence of the Sex Instinct on Human Life.

BY DR. L. G., EDITED BY DR. W. J. R.

SECTION II.

When we examine different races of mankind, we find that tho there is no uniformity in its individuals in regard to the sex instinct, still there is a general tone which makes one think: "This race is sexually strong, this one sexually moderate, the third sexually mild." I have, as far as possible, collected facts concerning the different races of the globe, and found that there is also a constant correlation between the prevalent sex-strength of a race and its marriage system. This brings me to the most important part of my thesis, the relation of the sex instinct to the marriage system.

Before we begin to consider this question, we must establish a measure, a yardstick, by means of which we shall be able to measure and compare marriage systems on a rational basis. Given two marriage systems, each of them may have, even from our own point of view, some good qualities and some negative qualities: How shall we proceed to compare them?

The next question that arises is: "Is our viewpoint so faultless that we can take it as a standard?"

Only a thoughtless brain will be satisfied with an affirmative answer, without previous rigid self-examination and re-examination.

I did not invent, but I found a natural measure for the comparison of marriage systems. I put myself the question: "What can be considered an ideal marriage system?" There is no question in my mind that an ideal marriage system must, before all else, be *free from prostitution*. Whatever the economic condition of a country, a marriage system free from prostitution must be considered the ideal; because absence of prostitution indicates that the arrangements satisfy the normal sexual demands of both sexes; there is no sexual hunger, either in the male or in the female camp.

Considering all the phenomena in question from this viewpoint, at which I had arrived by comparing different marriage systems, I formulated the following:

An Ideal Form of Marriage is one which satisfies the normal sexual demands of both sexes equally, and thus precludes the possibility of prostitution.

The inverse of this may also be considered true: viz., the less a system of marriage satisfies the normal sexual demands of a nation, thus entailing sexual hunger, the greater the amount of prostitution.

This is my measure for a comparative study of marriage systems: THE MORE PROSTITUTION, THE LESS SATISFACTORY IS A MARRIAGE SYSTEM; THE LESS PROSTITUTION, THE MORE SATISFACTORY THE MARRIAGE SYSTEM.

A definition of "prostitution" is here in place. Prostitution is an occupation, a trade, work. The occupation consists in satisfying the sexual cravings of other individuals *for a consideration only*. It has all the characteristics of a trade: monotonous, and therefore disagreeable. The prostitute, male or female, is a laborer who satisfies the sexual hunger of others, regardless of personal choice or inclination, or of sexual desire. The prostitute works for pay as the only means of livelihood.

I return to the consideration of marriage systems. All marriage systems naturally group themselves in two great divisions:—1. Natural marriage systems, which are founded on the normal sex instinct of the nation and are hence accompanied by little or no prostitution; 2. Artificial or religious marriage systems which simply represent the sex instinct of their *founders*, and are hence accompanied by a greater or less amount of prostitution.

Between these two systems there are a number of transitions, with which I shall deal only casually. They are modifications of the natural marriage systems by politico-economic conditions: The Mexican and Peruvian marriage systems are examples.

In all or nearly all cases, it is the male that sets rules for marriage, and naturally always to suit himself first; consideration of the female is secondary. In all systems of marriage, therefore, the male has the most satisfactory end of the arrangement. Still, even so, the female is more or less satisfied. Hence we find mostly that marriage systems are primarily determined by the male sex instinct; only a few depend on the female sex instinct.

Let us see to what extent this statement is justified. Thibet is the country of polyandry. The Thibetan male is slow, slovenly and apathetic; no trace of jealousy. His sexual organs are the smallest among human males. The female on the other hand is cleaner, quite lively, cheerful, and to some extent coquettish, ornamenting herself considerably. She marries a man, and takes, one after another, all his brothers as husbands, until she becomes a happy mother. And if all of the brothers do not produce the desired result, she takes more husbands, either for a lifetime, or for a longer or shorter period,—even for one night; but in all these cases only until signs of coming motherhood appear. The husbands under these circumstances never oppose her will and gladly invite strangers, cheerfully relinquishing their wife to their guests, until she becomes pregnant. But as soon as the household has been made happy by a baby, this freedom ceases.

A girl who can give unmistakable proof that she is productive, by bringing forth a child or two before her marriage, is a very desirable bride, and fetches a higher price.

From this we learn that not every Thibetan male is able

to reproduce, and sometimes it takes a number of husbands to increase the family. Many of the males never marry; and, as one writer states, "The rich and powerful leave reproduction to the poor." The males of the unprivileged classes have only $\frac{1}{6}$, $\frac{1}{4}$, or $\frac{1}{2}$ of a wife, very few have one wife, and extremely rarely is there found a man with two wives. Jealousy is of rare occurrence; but above all, *organized prostitution is unknown* in Thibet. I have searched thru all the literature on Thibet that I could get, and failed to find a trace of organized prostitution in a country where there are so many unmarried men and women, and where most of the married men have only the fraction of a wife.

The husbands, whether brothers or not, live amicably together, and there is no fight for turns, the wife nearly always making the necessary arrangements, keeping only one husband with her at a time, and sending the others about their respective occupations.

The men that do not marry generally become the Llamas or Bhuddist priests.

The surplus of women produced by this system of marriage is disposed in different ways. Not as in China, where they form miserable holes of prostitution,—not at all! Nobody would patronize them. Not as in Europe, where they go into different occupations; there are none. They have their own ways. First, female infanticide, (this has been practised for many centuries, and is so still), second, convents. Looking over the number of monks and nuns thruout Thibet, I find there are about five or six monks to one nun. Of course, this may lead to illegal polyandrous arrangements, and when a nun becomes pregnant, she is disgraced. Such pregnancy, however, is rare.

The greatest number of free females marry the Chinese officials or soldiers for a variable duration of time, according to the length of the Chinaman's stay in Thibet. These marriages are always monogamous: the wife is faithful and obedient to her husband, and the family is larger than in any purely Thibetan family, whether polygamous, monogamous or polyandrous.

The nearer you approach the Chinese border, the more you find Chinese-Thibetan marriages, and the villages more and more alive with little ones, a sight unknown in central Thibet, where the number of children seldom exceeds two in a family.

Some writers claim that polyandry is akin to prostitution, and hence the absence of children; but this view is very erroneous. Prostitutes do have children, and quite often. But there are causes which frequently hinder or prevent fruitage in the case of prostitutes, which are non-existent among a polyandrous people. First of all, prostitutes who become preg-

nant, being in most instances compelled to continue their work, and having from ten to twenty men on week-days and sometimes as many as a hundred on Saturdays and Sundays, are subjected to various traumatismes and do abort on this account. Many resort to artificial means to induce abortion. And still children, as I have said, are no rarity. One child is about the rule, and I have seen four living children of a prostitute mother. Of course, many prostitutes never became pregnant; but this is due to chronic gonorrheal salpingitis or metritis, which sooner or later results in the impairment of the reproductive function. Syphilis also tends to terminate pregnancy early.

In polyandry we have conditions of an entirely different nature. The wife cohabits for a time with one husband only—say for a week—and then the next husband takes his place; so that we have a monogamy, and a strict monogamy, for the time being. She never has two husbands at one time, and still pregnancy is far rarer than among prostitutes.

The point is this, that the Thibetan male is very weak sexually, and a poor reproducer. Polyandry, which is the sole means of maintaining the race within itself, is the only marriage system for this people. It is an attempt to satisfy the normal sexual appetite of the men and women, and at the same time the method best suited to insure the continuance of the race. I do not think there is another country where there are so many *real* celibates among men, and so many barren women, as in Thibet.

"The Llamas avoid women, holding marriage in contempt; and all the great functionaries, as well as many Thibetans of the other classes, are of the same opinion."—This quotation from Letourneau, and many similar ones which might be given from writers of like authority, should convince readers of the truth of my statement. With such sexual and reproductive weakness, polyandry is the only guarantee of race maintenance; abolish polyandry and the Thibetan people will disappear.

Are the men satisfied with this arrangement? Yes; most of them are. If a Thibetan is not satisfied with a part of a wife, he can leave the partnership, and take one wife for his individual and sole use. But the most of the Thibetan males are satisfied; the absence of prostitution is the proof of it,—a proof that cannot be gainsaid. Whatever moralists may have against polyandry, they can oppose nothing but their own ignorance and a perverted morality, to this, in its place, normal and necessary marriage system. Neither the Thibetan state, nor its Buddhism, has any regulation or precept for or against this system of marriage. Marriage is entirely a private affair. Still polyandry is the choice of the Thibetan. Prostitution is absent and divorce rare, and not easily obtained.

Where a polyandrous nation, like the Thibetans, mixes in its outlying districts with sexually stronger peoples, monogamy

is the result; hence, all around the borders of Thibet, we find monogamous marriage.

All I have said about Thibet could easily be proved in regard to all other polyandrous nations, but space will not permit the presentation of the evidence. Among polyandrous nations, the women stand reasonably high. The male, recognizing the sexual superiority of the female, considers her superior in other respects. Among most primitive peoples, sexual strength, physical strength, mental strength are esteemed on the same level. A man who is sexually strong is proud of it, and his neighbors show respect to him for his achievements: a man with weak sexual power is looked down upon, and he himself considers they have just cause. Therefore, among polyandrous nations the females enjoy comparatively greater freedom than anywhere else.

[To be continued.]

Contributed by the author to THE CRITIC AND GUIDE.

Sterilization of Degenerate Criminals and the Insane.

BY EDWIN F. BOWERS, M.D., HARTFORD, CONN.

We are rapidly coming to realize that our poor houses, asylums and penitentiaries are recruited from the defective class.

Alienists recognize inherited defects culminating in insanity, epilepsy and various forms of degeneracy. Sanger Brown, in speaking of this predisposition, says that the phenomena which it presents may be readily accounted for by assuming a defect in the neurons (cell units of which the nervous system is composed) of such a nature that stimuli from environment may not reach them, or, having done so, the impression made there may not be sufficiently deep and lasting, or, in other words, well elaborated. Keeping in mind this condition of neuronal defects, it is easy to understand how certain individuals fail to respond to educational influence, moral or intellectual, or both.

A defect differs from a disease in this respect: that a disease is usually curable, while a defect is permanent. For instance, if a child is born with gonorrheal ophthalmia, it can be cured, but if born imbecile or hydrocephalic, this constitutes a defect, and is usually incurable.

As an illustration of the perpetuation of ancestral traits, both virtuous and vicious, permit me to call your attention to the following statistical records: "The Jukes, a Study in Crime, Pauperism and Heredity", by R. L. Dugdale, throws an illuminating light on this question. The ancestor of this infamous family was born of Dutch parentage, in what was then the outskirts of New York, about 1730. He was a hunter and fisherman, a drunkard, working intermittently, lived to an extreme age, and left an enormous progeny. Of these direct descendants, 709 have been traced. The family, while it has included a certain number of honest workers, has been on the whole a family of

criminals, prostitutes, vagabonds and paupers. Of the 709, there were 76 criminals. Of the females, more than one half were abandoned women, 52.41%—while the normal average has been found to be 1.66%. The Jukes family cost the State of New York \$1,250,000, without considering the awful legacy of crime and criminals with which the State still has to deal.

By way of contrast, turn to the history of the Edwards families of New England. Data can be found in Boie's "Science of Penology". Jonathan Edwards was born in East Windsor, Conn., in 1703; 1394 of his descendants were identified by record in 1900, of whom the data show 295 were college graduates, 13 were presidents of our greatest colleges, 65 were professors in colleges, 60 were physicians, many of whom were eminent; 100 or more were missionaries, clergymen and theological professors; 60 were eminent authors, 100 or more were lawyers, 80 held public offices, of whom one was vice-president of the United States, three were United States senators, several were governors, members of congress, mayors of cities and ministers to foreign ports. Almost every department of social progress and of public weal has felt the impulse of this healthy and long-lived family. It is not known that any one of them was ever convicted of a crime.

These records are an unimpeachable demonstration of the strength of heredity in perpetuating ancestral traits, both virtuous and criminal.

Dr. H. C. Sharpe says that the children of syphilitics are almost sure to be defectives. Alcoholism, drug habits, and immoral excesses are some of the common causes of mental and nervous exhaustion which render a person incapable of begetting normal children. Overwork and many physical maladies which produce in the sufferer a profound mental depression, are also responsible for defective offspring. Thus it is that we frequently find the children of ministers, lawyers, doctors and other professional and highly respected business men have pronounced disorganized minds, manifesting the same by immoral, criminal or insane acts. Hence the necessity for a clearer comprehension of eugenics. Also education,—in respect to the grave responsibilities of parental influence, prenatal or maternal impressions, and scientific child-breeding and nurture,—is urgently demanded by exigent conditions.

It is safe to say that every honest man or woman who understands the profound effect of debility, nervous exhaustion, or latent inherited neuronal conditions, will refrain from perpetuating these conditions—possibly a hundred-fold magnified—in their offspring. Every child has an inalienable right to be well born. This fact will be universally recognized in time. With the irresponsible, the weak, vicious, criminal and degenerate, who seek but the temporary gratification of sexual desire, regardless of all consequences, there remains, to my mind, but one course to be pursued.

Segregation has been advocated, and has been practiced with some small degree of success. But it is obvious that the penalty is out of all proportion to the crime. As Omar Khayam says:

"What? from his helpless creature be repaid
Pure gold for what he lent him, dross allayed,
Sue for a Debt he never did contract
And cannot answer; Oh! the sorry trade."

Next to the instinct of self preservation—perhaps stronger, in some instances—is the procreative desire, and Mrs. Partington stood an infinitely better chance of being successful in her efforts to sweep back the incoming tide, than would be any restrictive legislation directed against procreation.

Marriage of defectives has been forbidden by Minnesota, Michigan, Delaware, Connecticut, Indiana, New Jersey and North Dakota; and legislation to this end is pending in several other states but, unfortunately, marriage is not necessary to propagation. The undesirables continue to perpetuate their kind, the only difference being that now illegitimacy is added to degeneracy.

What do we propose to do about it? There is a remedy, an absolutely safe, certain remedy. It consists in the very simple operation of vasectomy in the male, and either oophorectomy or ligation of the Fallopian tubes in the female.

Dr. H. C. Sharpe of Indianapolis, Ind., is the originator—so far as I know—of the operation of vasectomy. He says: "Since October, 1899, I have been performing an operation known as vasectomy, which consists of ligating and resecting a small portion of the vas deferens. This operation is very easy to perform. It requires about three minutes time, the subject returns to his work immediately, suffering no inconvenience, and is in no way hampered in his pursuit of life, liberty and happiness, but is effectually sterilized. I have been doing this operation for over nine years. I have 456 cases that have afforded splendid opportunity for post-operative observation, and I have never seen any unfavorable symptoms. The patient evinces a more sunny disposition, is brighter of intellect, and advises his fellows to submit to the operation for their own good. And here is the point in which this method of preventing procreation is so infinitely superior to all others proposed—that it is endorsed by the persons subjected to it. All other methods place restrictions and, therefore, punishment on the subject; this treatment absolutely does not."

Therefore, it follows that if we continue to permit confirmed criminals, degenerates, and the insane to breed, it is because we lack intelligence and "gumption" to prevent it. We have a feasible, painless, satisfactory remedy.

389 Main St.

Fear as the Cause of Psychic Disease.

BY BORIS SIDIS, M.A., PH.D., M.D.,

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The causation of all psychopathic diseases can be referred to one fundamental instinct, the instinct of fear, with its concomitant manifestation, the feeling of anxiety. Fear is one of the most primitive instincts of animal life. As Kipling puts it, "Fear walks up and down the jungle by day and by night." Our life is so well guarded by the protective agencies of civilization that we hardly realize the extent, depth, and overwhelming effect of the emotion of fear. Fear is rooted down deep in the very organization of animal existence; it takes its root in what is the very essence of life,—the instinct of self-preservation. *Primus in orbe Deus fecit timor.* "We lead", says Galton, "for the most part such an easy and carpeted existence, screened from the stern realities of life and death, that many of us are impelled to draw aside the curtain now and then and gaze for a while behind it." "The progress from brute to man", says James, "is characterized by nothing so much as by the decrease in frequency of proper occasion for fear. In civilized life in particular it has at last become possible for large numbers of people to pass from the cradle to the grave without ever having had a pang of genuine fear. Many of us need an attack of mental disease to teach us the meaning of the word. Hence the possibility of so much blindly optimistic philosophy and religion. The atrocities of life become 'like a tale of little meaning tho the words are strong'; we doubt if anything like us ever really was within the tiger's jaws, and conclude that the horrors we hear of are but a sort of painted tapestry for the chambers in which we lie so comfortably at peace with ourselves and the world. Be this as it may, fear is a genuine instinct and one of the earliest shown by the human child."

Similarly, Sully says: "Fear appears early in the life of the child as it seems to appear low down in the zoölogical scale. Fear probably appears in the vague form (*i.e.*, without any distinct representation of a particular kind of evil) in connection with presentation, *e.g.*, of strange animals, which have contracted no associations from individual experiences and which derive their emotive force from special inherited associations. Experience is, however, the chief determining factor in the evocation of fear." "Fear", says Darwin, "is the most depressing of all the emotions; and it soon induces utter, helpless prostration, as if in consequence of or in association with the most violent and prolonged attempts to escape from the danger, tho no such attempts have actually been made."

The fear of coming evil, especially if it is unknown and mysterious, gives rise to the feeling of anxiety. "If we expect to suffer", says Darwin, "we are anxious." Similarly, James regards anxiety, especially the precordial anxiety, as morbid fear.

"The anxious condition of mind", says Bain, "is a sort of diffused terror." Fear often expresses itself thru cardiac and circulatory affections giving rise to the feeling of anxiety. Anxiety is nothing else but the working of the instinct of fear.

In most men the instinct of fear is controlled, moderated, regulated, and inhibited from very childhood by education and by the whole organization of civilized social life. There are, however, cases when the instinct of fear is not moderated by education and civilization, when the instinct of fear is aroused by some particular incidents or by particular objects and states. In such cases, if the instinct has not become controlled and inhibited, fear becomes associated with definite situations giving rise to morbid fear and anxiety and resulting in the mental diseases known as psychopathies, in general, and psychoneuroses, in particular.

In all such cases we can find the cultivation of the instinct of fear in early childhood. Superstitions, and especially the early cultivation of religion, with its fear of the Lord and of unknown mysterious agencies, are especially potent in the development of the instinct of fear. Even the early cultivation of morality and conscientiousness, with their fears of right and wrong, often causes psychoneurotic states in later life. What we find on examination of the psychogenesis of psychopathic cases, and especially of psychoneurotic cases, is the presence of the fear instinct which may become associated with some important interest of life. This interest may be physical in regard to the bodily functions, or the interest may be sexual, social; it may be one of ambition in life, or it may be of a general character referring to the loss of personality or even to the loss of mind. The fear instinct may become highly particularized and may become associated with indifferent objects, giving rise to the various phobias, such as astrophobia, agoraphobia, claustrophobia, erythrophobia, acmephobia, and an infinite number of other phobias, according to the number of objects with which the fear instinct becomes associated. Of course, objects and situations which are in themselves dangerous, or are apt to bring about pain and misery to the individual, such as strange animals, unfamiliar conditions, or diseases, *e.g.*, epidemics or any other physical and mental maladies, are apt to be associated with and arouse the fear instinct. This, however, is not always the case. Objects otherwise indifferent and even pleasant may by association arouse the fear instinct and give rise to morbid states.

James makes an attempt to enumerate the various objects of fear in men, and especially in children. Among these he regards "strange animals, strange men, strange places, such as the fear of the sea in children who have not seen the sea before. The great source of terror to infancy is solitude. Black things, and especially dark places, holes, caverns, etc., arouse a peculiarly gruesome fear. This fear, as well as that of solitude, of being 'lost', are explained after a fashion by ancestral experience. High

places cause a fear of a peculiarly sickening sort. Fear of the supernatural is one variety of fear. This horror is probably explicable as the result of a combination of simple horrors. To bring the ghostly terror to its maximum many usual elements of the dreadful must combine, such as loneliness, darkness, moving figures, inexplicable sounds, especially of a dismal character, moving figures half discerned, or if discerned, of dreadful aspect, and a vertiginous baffling of expectation. This last element, which is intellectual, is very important. It produces a strange emotional curdle in our blood to see a process with which we are familiar deliberately taking an unwonted course. Any one's heart would stop beating if he perceived his chair sliding unassisted across the floor. The lower animals appear to be sensitive to the mysteriously exceptional, as well as ourselves. My friend, W. K. Brooks, of the Johns Hopkins University, told me of his large and noble dog being frightened into a sort of epileptic fit by a thread which the dog did not see. Darwin and Romanes have given similar experiences. The idea of the supernatural involves that the usual should be set at naught. In the witch and hobgoblin, other supernatural elements, still of fear, are brought in—caverns, slime and ooze, vermin, corpses, and the like. A human corpse seems normally to produce an instinctive dread which is no doubt somewhat due to its mysteriousness, and which familiarity rapidly dispels."

The fear of the unknown, of the unfamiliar, of the mysterious, is quite common with children, with savages, and barbaric tribes. We know how in the case of the ancient nations omens, whether religious or meteorological, such as storms, thunders, lightnings, comets, and eclipses, were regarded with great terror. Armies used to throw away their arms and run panic-stricken at the occasion of the appearance of a comet or of an eclipse. Even in the civilized times of the Athenian republic there was a terror of eclipses and of other unfamiliar natural phenomena. Thucydides, in his history of the Peloponnesian wars, puts the appearance of comets among national disasters. The fear of coming unknown, unfamiliar evil is especially a source of anxiety to the young or untrained, uncultivated minds. This fear of some unknown evil befalling a person may become a source of great fear and anxiety when developed in early childhood. This fear of strangeness, of unfamiliarity, a feeling of being lost, developed in early childhood, may remain unassociated and thus give rise to a state of vague fear. Different forms of epilepsy are often associated with the fear instinct. The instinct, however, may thru experience, thru some trauma, find for itself an object and become associated with it, and thus give rise to the various forms of psychopathic diseases. "Anxiety, fear, horror", says Mosso, "will twine themselves perpetually around the memory, like deadly ivy choking the light of reason."

The fear instinct is at the basis of all psychopathic diseases. All the symptoms in their infinite variety are so many different

manifestations of the one fundamental fear instinct. The inner conflict and introspection characteristic of psychopathic troubles, and especially of psychoneurosis, are pathological solely because of their association with the fear instinct. Mental conflict and introspection never give rise to a mental malady. They are rather favorable to a speculative and philosophical mind. When, however, introspection and mental conflict are associated with the fear instinct, the result is a psychopathic malady. In the same way a physical sickness in itself, or the thought of suffering, physical or mental, does not give rise to a psychopathic affection. It is only when the sickness, or the thought of disease, becomes associated with the fear instinct, only then does a psychopathic malady arise. The sole source of psychopathic affections is the fear instinct, a development of which in early childhood predisposes to all forms of functional psychoses and neuroses.

II.

There is another factor which helps to arouse the fear instinct, and thus plays an important rôle in the causation of psychopathic maladies. This factor is a *narrow, suggestible personal life*. In my work, "The Psychology of Suggestion", I proved by a series of experiments that the conditions of suggestibility are: Fixation of attention, monotony, limitation of voluntary movements, limitation of the field of consciousness, inhibition. I have shown that these conditions are favorable to disaggregation of consciousness. I have pointed out that a disaggregation of consciousness with an inhibition of the controlling, waking consciousness is one of the important conditions in the causation of subconscious states with their accompanying abnormal suggestibility. In other words, the inhibition of the personal self, or even the limitation of the personal self, helps the formation of dissociations which constitute the soil of all psychopathic diseases. When the person, therefore, is limited in his interests, is narrow in his range of knowledge, is ignorant and superstitious, and his critical personal self is embryonic and undeveloped, the predisposition to mental disaggregation is pronounced. The fear instinct has full sway in the production of psychopathic states. With the limitation and inhibition of the critical personal self, with the limitation and narrowness of personal life interests, there goes an increase of the sense of the unknown and the mysterious, cultivated by religion and superstition, with the baneful consequence of the development of the fear instinct,—the cause of psychopathic affections.

In the embryonic personality of the child as well as in the undeveloped or narrowed individuality of the adult the sense of the strange, of the unknown and the mysterious, is especially apt to arouse the fear instinct. In fact, the unfamiliar arouses the fear instinct even in the more highly organized mind. "Any new uncertainty", says Bain, "is especially the cause of terror.

We become habituated to a frequent danger, and realize the full force of apprehension only when the evil is previously unknown. Such are the terrors caused by epidemics, the apprehensions from an unexperienced illness, the feeling of a recruit under fire." "The mental system in infancy is highly susceptible, not merely to pain, but to shocks and surprises. Any great excitement has a perturbing effect allied to fear. After the child has contracted a familiarity with the persons and things around it, it manifests unequivocal fear on the occurrence of anything very strange. The grasp of an unknown person often gives a fright. This early experience very much resembles the manifestations habitual to the inferior animals." In another place Bain rightly says, "Our position in the world contains the sources of fear. The vast powers of nature dispose of our lives and happiness with irresistible might and awful aspect. Ages had elapsed ere the knowledge of law and uniformity prevailing among those powers was arrived at by the human intellect. The profound ignorance of the primitive man (and, we may add, of the undeveloped, limited, and superstitious adult) was the soil wherein his early conceptions and theories sprang up; and the fear inseparable from ignorance gave them their character. The essence of superstition is expressed by the definition of fear. An altogether exaggerated estimate of things, the ascription of evil agency to the most harmless objects, and false apprehensions everywhere, are among the attributes of the superstitious man."

Compayre, in speaking of the fear of the child, says, "In his limited experience of evil, by a natural generalization, he suspects danger everywhere like a sick person whose aching body dreads in advance every motion and every contact. He feels that there is a danger everywhere, behind the things that he cannot understand, because they do not fit in with his experience. The observations collected by Romanes in his interesting studies on the intelligence of animals throw much light on this question; they prove that dogs, for instance, do not fear this or that, except as they are ignorant of the cause. A dog was very much terrified one day when he heard a rumbling like thunder produced by throwing apples on the floor of the garret; he seemed to understand the cause of the noise as soon as he was taken to the garret, and became as quiet and happy as ever. Another dog had a habit of playing with dry bones. One day Romanes attached a fine thread which could hardly be seen, to one of the bones, and while the dog was playing with it, drew it slowly toward him; the dog recoiled in terror from the bone, which seemed to be moving of its own accord. So skittish horses show fright as long as the cause of the noise that frightens them remains unknown and invisible to them. It is the same with the child. When in the presence of all these things around him, of which he has no idea, these sounding objects, these forms, these movements, whose cause he does not divine, he is naturally a prey to vague fears. He is just what we should be if chance

should cast us suddenly into an unexplored country before strange objects and strange beings—suspicious, always on the *qui vive*, disposed to see imaginary enemies behind every bush, fearing a new danger at every turn in the road.”

Similarly, Sully says, “The timidity of childhood is seen in the readiness with which experience invests objects and places with a fear-exciting aspect, in its tendency to look at all that is unknown as terrifying, and in the difficulty of the educator in controlling these tendencies.” Sully is right in thinking that intellectual culture tends greatly to reduce the early intensity of fear. “This it does by substituting knowledge for ignorance, and so undermining that vague terror before the unknown to which the child and the superstitious savage are a prey, an effect aided by the growth of will power and the attitude of self-confidence which this brings with it.” An uncultivated personality with a limited mental horizon, with a narrow range of interests, a personality sensitive to the moral categorical imperative, a personality trained in the fear of the Lord and mysterious agencies, is a fit subject for obsessions.

In certain types of functional psychosis and neurosis the patient has an inkling of the fear instinct in his dread of objects, or of states of mind, moral scruples, lack of confidence, blushing, religious or social expectations of some coming misfortune and some mysterious evil, but he is not aware of the fear instinct as developed in him by the events and training of early childhood. *The fears of early childhood are subconscious.* At any rate, the patient does not connect them with his present mental affection. In other types of psychopathic affections the patient is entirely innocent of the whole situation; he is entirely engrossed by the symptoms which he regards as the sum and substance of his trouble; the fear is entirely *subconscious*. The fear instinct fostered by frights, scares, dread of sickness, by religious instruction with its fear of the Lord, by moral and religious injunctions and duties with fear of punishment or failure in the moral standard and duties, the enforcement of social injunctions with the consequent dread of failure and degradation,—all go to the cultivation of the fear instinct which in later life becomes manifested as functional psychosis. *All functional psychosis is nothing else but an obsession of the fear instinct, conscious and subconscious.* Thus one of my patients became obsessed with fear of tuberculosis, manifesting most of the symptoms of “consumption” after a visit of a tuberculous friend. Another patient became possessed with the fear of death after visiting a sick relative of his in one of the city hospitals. Another became obsessed with the fear of syphilis after having been in contact with a friend who had been under antiluetic treatment. Still another of my patients, in addition to the fear of darkness, became obsessed with the fear of stars and also with fear of the comet, which was regarded by many people as poisoning the air with its highly noxious gases. In all such

cases there was anxiety and dread of some symptom or state of an external object, but in none of the cases have I found that the patient had an insight into the real state of the mind; in all of them the fear was traced to early childhood, to early experiences of the fear instinct fostered and fortified by religion, morality, and social tradition. In all those fears lying on the surface of functional psychosis there was a long history of a well-developed subconscious fear instinct.

I may assert without hesitation that in all my cases of functional psychosis, and that without a single exception, I find the presence of the fear instinct to be the sole cause of the malady. Take away the fear and the psychosis or neurosis disappears.

The fear instinct arises from the impulse of self-preservation, without which animal life cannot exist. The fear instinct is one of the most primitive and most fundamental of all instincts. Neither hunger nor sex nor maternal instinct nor social instinct can compare with the potency of the fear instinct, rooted as it is in self-preservation,—the condition of life primordial. When the instinct of fear is at its height it sweeps before it all other instincts. Nothing can withstand a panic. Functional psychosis in its full development is essentially a panic—it is the emergence of the most powerful of all instincts, the fear instinct. Functional psychosis is a veiled form of the fear of death, of destruction, of loss of what is deemed as essential to life, of fear of some unknown impending evil. How many times has it fallen to my share to soothe and counteract the fear instinct of panic-stricken psychopathic patients? A psychogenetic examination of every case of functional psychosis brings one invariably to the fundamental fear instinct.—Mo. Cyc.

NEVER TOLD TALES.—The fifth edition, just off the Press. contains two new hitherto unpublished stories. \$1.00.
SEX MORALITY.—Past, Present and Future. Just off the Press. \$1.00

Notes on Diagnostic Methods.

"Some Rough Notes on Modern Diagnostic Methods" is the title of a brochure gotten out by the Fellows Company of New York (26 Christopher Street) and sent free to any physician making the request. It is a very well gotten out booklet, and is full of valuable points on modern diagnosis, presented in a succinct and clear manner.

THE MEDICAL GUIDE

Abstracts on Therapeutic Subjects, Interspersed with Diagnostic
Points and Interesting Medical and
Historical Facts.

Iodine as the Sole Dressing for Operation Wounds.

Dr. Reginald Alcock advocates (*British Med. Jour.*) the use of iodine as the sole dressing for operation wounds. He believes that the most important part in infection is played by the sweat glands, in which micro-organisms become lodged below the surface. Washing only serves to release these bacteria, whereas the effect of iodine is not only to destroy, by its penetrative powers, the microbes embedded in the superficial layers of the skin, but also to lock up the micro-organisms in the sweat glands by its hardening action on the skin and the simultaneous contraction of the mouths of the glands. He is opposed to dressings on the ground that they cause perspiration which sets free the microbes in the sweat glands. He uses two per cent of iodine with 90 per cent. industrial methylated spirit. A bath is given on the night preceding the operation; in the morning the operation area is dry-shaved, rubbed over with ether to remove grease, and painted with the solution of iodine. The area is again painted when the patient is on the table. All bleeding points are to be stopped, and the wound rendered quite dry. All abdominal and deep wounds are sewn up in layers; peritoneum, muscle fibres, sheaths and skin to be united separately to give the necessary support. No wet swabs are used, in order that the skin may be kept dry, and only that blood is cleared away which adheres either to a dry swab or is removed by the iodine swab. The aim is to let the wound be hermetically sealed against the entrance of outside organisms by its own dried secreted serum, and then to render this sterile to growth of the bacteria if they should escape from the sweat glands. Iodine is applied immediately after operation, and again three hours afterward. The wound is painted over daily for the next three days only, except in wounds about the perineum and vulva, in which cases the legs are tied to the corners of the bed, to prevent sweating by keeping them wide apart, and the wound is painted over with iodine after every passing of urine. In abdominal cases and herniæ a hypodermic injection of $1/6$ grain of morphine and $1/180$ grain of atropine is given immediately after the operation to prevent vomiting. The iodine method is, of course, only applicable to those cases where the wound can be completely closed, and cannot be used where a drain or a support is necessary. Dr. Alcock has had excellent results in all of his 31 cases, comprising operations of the most varied sorts, not even a stitch abscess having been observed.

Prognosis of Pregnancy, Labor and Puerperium in Cardiac Patients.

R. Gaschke (Archiv fuer Gynaekologie, Vol. XCII, No. 2) gives a statistical report of 546 patients afflicted with heart disease who were admitted to the Vienna maternity service. There were 1525 births with a maternal mortality of 0.59 per cent. This figure, he considers low as compared to those reported by other observers. Spontaneous abortion occurred in four per cent. of the births, spontaneous premature labor in four and one-half per cent. In one per cent. premature labor was induced, marked loss of compensation having been the indication. In ninety-eight per cent. of the births labor went on uninfluenced by the cardiac lesions, even in those patients with slight loss of compensation. The prognosis was as good in patients with mitral stenosis as in those with mitral insufficiency. On the other hand pregnant women with myocarditis, accompanied by, or not accompanied by endocarditis, did not do as well as those patients afflicted with valvular lesions only.

Premonitory Symptoms of Thrombosis and Embolus.

Hermann Kuester (Centralblatt fuer Gyn., No. 30, July 29, 1911) reports fifty-one cases observed at the Breslau clinic. In only two was Mahler's symptom (a gradual increase in the pulse rate) noted, while Michaelis' sign (subnormal temperature) was observed three times. Again both these signs were noted in many patients without thrombosis or embolus. He therefore concludes that there are no premonitory symptoms connected with either one of these conditions.

Iodoform Poisoning Occurring after Operations on the Ear.

Dr. Cæsar Hirsch (Zeitschr. fuer Ohrenheilkunde, October, 1911) reports two cases where after major operations upon the mastoid the following symptoms developed: rotatory spontaneous nystagmus, vomiting, pronounced dizziness and marked disturbances of the sense of smell. The symptoms disappeared after the bandage consisting of ten per cent. iodoform gauze had been changed. Iodoform gauze being used very frequently in aural surgery, iodoform poisoning must always be excluded before ascribing the above mentioned symptoms to complications of the inner ear or of the meninges.

Intralumbar Injection of Antistreptococcic Serum.

Dr. P. Ohnacker (Zeitschr. f. Ohrenheilkunde, Oct., 1911) reports a case of septic scarlatina in a child where the following aural complications occurred: necrosis of the mastoid process, thrombosis of the lateral sinus and suppurative meningitis. Radical mastoid operation, removal of the thrombus and exposing of the diseased dura gave only transient relief. As there were found streptococci in the thrombus of the lateral sinus, intralumbar injection of antistreptococcic serum was resorted to. After two injections of 20 cc. of the serum the cerebrospinal fluid became clear and the symptoms of meningitis disappeared.

Treatment of Cardiac Failure in Diphtheria.

The action of the toxin on the heart muscle is the chief cause of cardiac failure in diphtheria, and is usually due to delay in the administration of antitoxin. The most serious type is that marked by persistent vomiting. This must be carefully differentiated from vomiting caused by the onset of superadded scarlet fever or measles, and from the vomiting which is sometimes associated, for a few hours, with the commencement of the serum reaction. The probability that the vomiting has its origin in cardiac failure is indicated, says Dr. E. F. Coghlan (*Brit. Med. Jour.* No. 2671) by severity of faucial attack, complicated by involvement of the naso-pharynx and palate; by an increase in the pulse-rate out of proportion to the rise in temperature; by the presence of the extra-systole with or without a consecutive intermission of the heart's action, or by reduplication of the first sound followed by accentuated sound; by anginoid pains, intermittent pains in the left arm, and pains which are relieved by hot applications to the precordial region; by great decrease in the secretion of urine; and by enlargement of the liver. All food by the mouth should be stopped and nutrient enemata administered, the rectum being irrigated twice daily with warm boracic acid solution to avoid irritation. The head should be low to prevent cerebral anemia, while the foot of the bed should be raised to help retention of the rectal feeds. Patients become restless and throw off the bed-clothes; they should therefore be warmly clad. The following should be administered hypodermically every four hours:

Atropine sulphate gr. 1/100
 Strychine hydrochloride.....gr. 1/100
 Adrenalin chloride solution (1 in 1,000)...m. 5
 Aq.....ad. m. 10

All purgatives are contraindicated. Thirst may be met by the administration twice daily of small enemata of normal saline solution. Teaspoonful doses of iced water may be allowed as soon as the vomiting ceases. The patient will seldom escape some degree of post-diphtheritic paralysis.

Acute Parotitis after Premature Labor.

A case of acute parotitis following the induction of premature labor is reported by Dr. Arthur Crook (*Brit. Med Jour.*). The patient was a primipara, aged 32. Labor was induced in the seventh month on account of shooting pains in the arms, neck and throat, edema of the legs, and albumen in the urine. Three hours after labor the patient suffered from collapse, with very rapid pulse. She was given hypodermic injections of pituitary extract, digitalin, and finally 1/6 gr. of morphine. Saline solution was also administered per rectum and she had rallied considerably by the next day, but on the day following the temperature rose to 102 and there was enlargement and tenderness of the right parotid gland. Three days later the skin over

the gland was red. After two days an incision was made and a groove director passed to the center of the swelling but no pus was discharged. A tube was inserted and two days later pus escaped freely and the temperature fell to 100. The next day it again rose to 102, the vaginal discharge was offensive and the patient complained of pains in the calves of the legs. From this date the patient made a slow but complete recovery, retarded by cystitis, probably due to catheter infection. A culture taken from the parotid showed the infection to be from a staphylococcus. The patient had previously had for some years a chronic oral sepsis—pyorrhea alveolaris—and it will be seen that she presented nearly all the various conditions and circumstances that have been singly credited by different writers with the production of secondary parotitis.

The After-Treatment of Miscarriage.

Dr. Ernest Boyen Young and Dr. John T. Williams present a study of the value of intra-uterine douches, packing and antiseptics in the treatment of miscarriage (*Bost. Med. and Surg. Jour.*) based upon 2,000 cases. This study does not include cases in which there had been no operative procedure, nor cases of advanced sepsis. They denominate as "clean" cases with essentially normal temperature and as infected those with a temperature of over 100.4 F. Their results are: 1. Salpingitis was more common after intra-uterine douches. 2. Intra-uterine douches of sterile water or salt solution did not give as good results as simply wiping the uterine cavity with sterile gauze. 3. Antiseptic douches gave poorer results than simple sterile solutions. A possible explanation of this fact is that the antiseptics used favor the coagulation of albumin, thus sealing up a certain number of organisms. 4. Swabbing the uterine cavity with tincture of iodine gave the best results. 5. Packing the uterus to control hemorrhage did not greatly increase the liability to infection. For packing, gauze saturated with 50 per cent alcohol in "clean" and plain sterile gauze in "infected" cases gave the most satisfactory results. The explanation of this is probably that in the "clean" cases the introduction of an antiseptic destroys the few bacteria which are present, but in the "infected" the antiseptic, while powerless to cope with the larger number of organisms, lessens the draining power of the gauze and probably has the same albumin-coagulating effect as the antiseptic in irrigation.

A Clever Diagnostic Chart.

The cleverest, most ingenious bits of advertising for physicians emanate from the triune manufacturing company which has its seat in the City of Yonkers, New York. The Palisade Mfg. Co., has just issued a Diagnostic Wall Chart in the form of a dial, with movable hands, which we would advise every one of our readers to have in their possession. It is free. Write: Palisade Mfg. Co., Yonkers, N. Y.



Where is the Quackery?

Wm. J. Robinson, M. D.,

Dear Doctor:—I have been reading your article on the League for Medical Freedom in the *MARCH CRITIC AND GUIDE*, and for the most part it harmonizes with my views. Still in some points I cannot exactly agree with you, and think perhaps you put the matter a little strongly. "Where are their Trousseaus, Virchows, Listers, etc.?" Now, it was only yesterday that I read that Dr. Marcy was advised by the Scottish medical fraternity to "have nothing to do with Dr. Lister, and to ignore his lectures altogether." Where was the "quackery" in this case, in the individual reformer or in the profession at large, the "regular" profession as you call them? Which is the greater "quackery," whether out of the regular profession or in it, slighting such admittedly important helps as "physics, biology, etc." or afterward slighting well approved *curative agencies*?—which after all are what is demanded of us when a patient comes to our office, in nine cases out of ten.—What he wants at the time is to be rid of his present malady. Prevention, (which every true physician will keep in mind) is an after consideration. The importance of the first mentioned branches, physics, etc., is in direct proportion to the aid they give in the selection of the curative agency whether medical or surgical. The value to the patient rests not in the wide learning of his attendant but in the skill with which he recognizes and rectifies the present difficulty.

Now Hahnemann—who by the way was a "regular" physician—promulgated a theory of cure, which *without examination* by the "regular profession" was scoffed at by the great bulk of them, as it is to this day. For instance, thousands of us have used small doses of phosphorus in pneumonia, rhus toxicodendron in rheumatism, veratrum albumin in vomiting and diarrhoea, etc., in appropriate cases for nearly a hundred years (I have practiced here about forty years), yet tho the testimony of fifteen to twenty thousand physicians,—good, bad and indifferent,—is uniform as to their efficacy, I fail to find any notice of such relations in any of the "Dispensatories" that I have at my hand. Now then, either I have been successfully treating my neighbors in this way for forty years, or I have been the most prodigious fraud during that time. If the latter, one would imagine that before now, I would have had to move to other fields long ago, but I am not a thousand feet from where I "hung out my shingle"

at the beginning of my medical career. If the former, then why do "regular" authorities absolutely ignore these recommendations in their therapeutics? Where is the "quackery" in this case? When I am called to a case, I ask myself what is the best thing to do *now*? Then at leisure I consult such authorities, of any school, as are at my disposal and if my studies should lead me to the conclusion that osteopathy (I am not an "Osteo") would be of advantage, I should unhesitatingly (even at the loss of my pocketbook) recommend that treatment; if material doses of calomel, that would be administered; but if, as I find, careful selection of remedies in accordance with the hundreds of text books giving directions for prescribing substantially in accordance with Dr. Hahnemann's teaching, gave me the best results, then that would be (as it is) my practice. I do not care about boasting, but I don't think I have any reason to fear comparison of my treatment, as to its success, with that of my "regular" friends, and I do not know of one that is not friendly to me. Recognizing the good in all, I find that I can do best by following the instructions of my preceptor who 48 years ago attended me thru a long course of illness, initiating me into the virtues of "small doses". Was he a quack? Or am I?

Yours very truly,

Milwaukee, Wis.

JOSEPH LEWIS.

P. S.—Believing in *equal* rights and Medical Freedom I am still *not* a member of the League.

"Sexual Problems of Today."

Dr. Wm. J. Robinson, New York, N. Y.

Dear Doctor:—You are doing a great work, you have enlisted in a noble cause—the emancipation of the race from the shackles of superstition, ignorance and hypocrisy. You have a foeman worthy of your steel, a cause that may well call forth your highest abilities, and engage your best efforts for many years to come. May the Sun of truth and righteousness ever light your pathway, and cheer your noble spirit, is my humble prayer for you.

The above is called forth by reading your book *The Sexual Problems of To-day*. I heartily endorse the teachings set forth therein, and long for our general emancipation from our fetish "Sexual Purity" bogey.

I am in perfect accord with your teaching that the prevention of conception should be made common property, to the end that Abortion, with its attendant ills, and illegitimacy, with its shame and disgrace, may be stricken from the calendar.

Trusting that you may be enabled to carry on the great work until your faith ends in sight, your hope in fruition, with man emancipated, woman exalted, the child loved, with a love that passes understanding,

Yours fraternally,

J. MONTGOMERY, M. D.

Garden Valley, Texas.

Oophorectomy or Salpingectomy.

Dear Editor:—In your list of the three most important measures for the improvement of the human race from a eugenic standpoint you speak of the sterilization by vasectomy and oophorectomy of all degenerates, imbeciles and vicious criminals. I am opposed to oophorectomy, but would favor proper tubal resection which is absolutely efficient, and would not deprive the woman of those internal secretions from the ovary which belong to a normal woman and which are beneficial and are in no way injurious to even a vicious woman, unless there is a diseased condition of the ovary, in which latter case of course the ovary might wisely be removed.

Omaha, Neb.

W. O. HENRY, M. D.

[I fully agree with our correspondent. The word oophorectomy was a slip of the pen. What I meant to say was salpingectomy. And in my address on Practical Eugenics: Four Means for Improving the Human Race, I advocate salpingectomy and not oophorectomy.—*Ed.*]

Medical Freedom.

Dr. Wm. J. Robinson,

Dear Doctor:—In your paper before the Sunrise Club on Medical Freedom and the National Department of Health, you do not fully present the case as I see it. I believe scientific medicine should stand unitedly for publicity of so much knowledge along both medical and hygienic lines as the laity is rightly entitled to have. And this could best be brought about by a Publicity Committee composed of medical men in each county, and in each state, whose duty it would be to bring before the public in daily papers, magazines, etc., such facts relative to the public health as would best meet the needs. In this manner the Committee would speak with authority and the public would get the necessary information at first hand, so that the laity would most readily cooperate intelligently with the profession in all needful sanitary rules and regulations. It is not the business, nor any part of the medical profession's duty to either persecute or prosecute quacks and medical fakirs. But they should cooperate with an intelligent community in requiring all to claim and advertise themselves truthfully to the public. Tell their patrons and the public truthfully what they are, and upon what basis they lay claim to the power of healing, and all should be required to observe the rules and regulations of health laid down by the properly constituted authorities. In other words it is none of my affairs whether a "faith healer", a "natural born doctor", a "Scientist", a "magnetic healer", or a thoroly scientific physician treats my sick neighbor so long as he wants him and so long as others are not thereby endangered. But it is fairly a part of my concern as a good citizen that my neighbor shall not be deceived by the false claims and untruthful assertions of a fakir, and I may rightly join with others in requiring full and truthful

statements from the pretender as to his claims, his preparations, and the basis of his pretensions. When therefore I have secured this, it rests with my neighbor to choose his own healer, quack or doctor, as suits his taste. Further I may fairly require that such rules and regulations may be adopted and enforced as shall not unnecessarily endanger the health of others in the community. For example, if my neighbor has smallpox, diphtheria, or scarlet fever, or other contagious disease in his home, he cannot object in fairness if I insist upon proper quarantine against his spreading the disease to others, and this whether he believes in the danger or not. So long as I and a reasonable number in the community are afraid unless quarantine is observed, we have a right to protection by such regulations as the community sees fit to order. So we may equitably and fairly allow the largest possible liberty in every responsible person choosing for himself and his dependent ones any medical or health adviser he desires, if only we help him to get at the truth and the real facts about such adviser, and second if he will cooperate with us in the enactment and enforcement of equitable health rules and regulations for the community.

You dissipate the darkness by turning on the light, you dispel ignorance by giving information, and you eradicate error by teaching the truth; so no rational mind can rightly or fairly object to this method in regard to the health of the community. Let us know the facts, and let us choose for ourselves, in medicine, religion, and all forms of truth, whether scientific or moral. This means freedom in its proper sense, and this gives the only adequate basis for real progress in any realm of thought.

610 Brandeis Theatre Building,

Dr. W. O. HENRY.

Omaha, Neb.

[Education alone is awfully slow in its work. The quacks and fakirs would be very happy if this were the only weapon used against them. They would in the meantime rob the people and rake in the shekels; they would even educate and "enlighten" the public from their point of view. The public cannot discriminate between real scientific truth and quasi-scientific jargon.]

Fee Splitting.

Editor of THE CRITIC AND GUIDE: —

The public press is the public educator and in the daily newspapers I see discussed the fee-splitting crime (?) upon which the public should be educated. I have yet to be convinced that the patient pays one cent more, split or no split. But I do know that often for a trivial operation the surgeon gets more out of the patient than the family physician would get in many years. I don't think it a square deal between man and man, a bit more than some big lawyer getting an outlandish fee because —well, I don't know why, because. Respectfully,

Hancock, Iowa.

J. F. STEVENS, M. D.

Ingersoll and the Limitation of Offspring.

My dear Dr. Robinson:—

I do not know whether you are authoritatively acquainted with the life-work of Ingersoll, but if you are not, I feel certain that his ideas on the several phases of the sociological problems of his and our day will deeply interest you. One of the three measures mentioned on page 101 of the *MARCH CRITIC AND GUIDE*, namely, the prevention of conception (at the will of the mother) was advocated by Ingersoll as far back as 1899, in the last address on the religious question which he ever delivered.

Very truly yours,

HERMAN E. KITTREDGE, M.D.

[Author of "Ingersoll: A Biographical Appreciation", a splendid book, by the way.—*Ed.*]

Quackery.

Dear Dr. Robinson:—

Let me heartily congratulate you on your article against Quackery in this month's issue of the *CRITIC AND GUIDE*. It hits the nail on the head. I wish the laity could read it.

It makes my blood boil to see a credulous public duped and swindled by these mercenary charlatans, chief among them being the mis-called "Christian Scientists", where monstrous assumptions reduce the Savior of men into an infamous metaphysical doctor of a body whose real existence they absurdly deny.

Yours truly,

W. F. DICKENS LEWIS, D. D.

[Minister of the First Presbyterian Church, Findlay, O.]

Dear Doctor:—

I have a patient who has seven small children and is suffering now with chronic nephritis. She gets along very well so long as she carries out a careful diet and hygiene and does not get pregnant, which she does at every opportunity. Since the birth of the last child it has been necessary at two different times to empty the uterus to prevent eclampsia. Is there any thing that can be done safely to prevent another pregnancy, except ligating the tubes?

F. M. COLE, M. D.

Caldwell, Idaho.

[There is, but our beneficent laws do not permit anybody to disseminate the information.]

Editor of *THE CRITIC AND GUIDE*:—

The March number is thoroly Robinsonian, and I heartily endorse the many good things you say. But to specialize, wish to call your attention to second paragraph page 90 and point 3, page 92. The danger here outlined in the approval or disapproval of the Council, with ostracism of physicians who do not conform to their rulings, is responsible for the opposition to a National Board of Health, and is also father to the "National

League for Medical Freedom". You go to an extreme in your paper, but when the Council is muzzled, or held to conservative views, and physicians of all schools and practices of rational therapeutics can feel assured of freedom from a "body of supreme pontiffs", that opposition will cease to exist (and the opposition is not composed altogether of quacks).

I wish to give you a word of commendation for frankness and sincerity, and bid you godspeed in your condemnation of *wrong* and commendation of *right*.

Yours sincerely,

Mansfield, La.

E. DAVIES, M. D., Ph. D.

Editor CRITIC AND GUIDE,

Dear Doctor:—Thru your courtesy I am reading a copy of the March issue for the current year. Thank you for it.

I have read, with interest, your paper on "A National Department of Health and the National League for Medical Freedom", and have no doubt that all you say you believe to be perfectly true.

In discussing the Owen Bill, you state positively that "they (N. L. M. F.) know perfectly well that the Owen Bill has nothing to do with the practice of medicine". You say, by inference, that a National Department of Health could not interfere with anybody's freedom in choosing a physician. Are you so sure of that?

I have always preferred the homeopathic treatment to that of any other system of medicine. While I am not now in the practice of general medicine, I have recollections.

You know, of course, that it is required by the Board of Health of this City, in the interest of the general public, that contagious and infectious diseases be removed to the city hospitals under some circumstances. That is proper, no doubt. You are also aware, I am sure, that altho the patient may have had, and still desires, homeopathic treatment, it is impossible for him to receive it. I have, personally, offered to furnish the remedies, if I could continue the case, but have been refused with very scant courtesy. There is no discrimination practiced, I am told, but that the patients must be content to receive what kind of medical treatment the city furnishes. It is not a law, but a "ruling". Departments have a great way of "ruling" and it amounts to a ukase.

Our friends, the allopaths, have entire control of the public health departments so far and we fear the results of a National Department of Health. Certain rulings of the Department might very easily make it difficult for a homeopathic physician to practice medicine. It is not what appears in the line, but what may be read between the lines that we fear.

Very sincerely yours,

616 Madison Ave.

JOHN B. GARRISON, M. D.

[There may be some truth in what the writer says.—Ed.]

Formulas and Prescriptions

Foreign Bodies in the Eye.

According to Pron the instillation of one drop of the following solution will reveal the presence of a foreign body in the eye by a yellow coloration at the point of contact:

Fluorescein.....gr. 1/7
Sodium carbonate.....gr. i
Sterile distilled water, mxxx

Insufflation for Ozena.

Menthol.....gr. viiss
Ammonium chloride.....3ss
Boric acid.....3ij
Pulverized talcum.....3iiss
Iodine.....gr. iss
M. ft. pulv.

Burns.

Balsam of Peru.....3x
Picric acid.....grs. viij
Paraffin.....3ij
M. Fiat unguentum.

Sweating of the Armpits.

Bathe with weak vinegar and apply the following dusting powder on a gauze pad:

Salicylic acid grs. xx
Starch.....3ij
Powdered alum.....ad 3iss

For internal treatment, give precipitated sulphur in dram doses once a day in milk.

Dysmenorrhea.

Give small enemata of boiled water at 122° F., to which are added from twenty to thirty drops of:

Tincture of belladonna
Tct. of cannabis ind. āā 3ss
Tincture of opium.....3ijss

M.

Suppositories may be used in place of the enemata, as:

Morph. hydrochloride gr. 1/3
Extract of belladonna
Extract of cannabis indica
āā gr. 1/6

Antipyrin grs. viij
Oil of theobroma...grs. xlv

In nervous dysmenorrhœa general treatment is indicated and the use of this pill:

Ext. of belladonna, gr. 1/6
Ext. of hyoscyamus..gr. 1/3

Zinc valerate.....gr. j
Three or four to be taken each day.

For Warts.

Paint four times a day with the following:

Resorcin..... dr. i
Tinct. saponis viridis, dr. 10

In a few days the warts disappear. Whether the internal administration of arsenic has any value in warts is questionable.

Sterilization of Instruments.

The best way of sterilizing instruments is to boil them in slightly alkaline water. This prevents their rusting. A little bicarbonate or carbonate of either potassium or sodium will answer the purpose.

Acute Bronchitis.

Vini ipecacuanhæ.
Sp. ætheris nitrosi. aa m lxxx
Liq. ammonii acetatis. ...3 i
Aque cinnamomi. ad 3 ii

Teaspoonful every two hours.
(Early stage in young children).

Ammonii chlorid.
Terpin hydrat. aa 3 i
Heroin. gr. ss.

In capsules No. xxiv.

One or two every two or three hours. (In second stage).

Ammonii chloridi. 3 ii
Sodii salicylatis. 3 ii
Tr. hyoscyami. 3 vi
Mist. glycyrrhizæ co. ad 3 iiii
Teaspoonful every three hours.
Shake!

Sodii iodidi. 3 i ss.
Codeinæ sulphatis. gr. v
Flextr. grindel. 3 vi
Aque. 3 iv
Syr. Tolu. ad 3 iiii
Teaspoonful every three hours.
(In the aged).

Chronic Bronchitis.

Ammon. chlor. 3 ii
Mist glycyrrhizæ comp. 3 iiii
Dessertspoonful three times a day.

CRITIC AND GUIDE Co.,
12 Mt. Morris Park W., New York.
Gentlemen:—

Please tell Dr. Robinson that the thousands who read every word every month of the CRITIC AND GUIDE could, if they would, shower such compliments and encouragement upon him as to make him feel that sincerity, ability and fearlessness are dearest to the hearts of all rightminded people always, altho they are not as demonstrative as they might be.—LEE J. MOSS, Superior, Wis.

Dear Editor:—I enclose \$4 for subscription to THE CRITIC AND GUIDE. I have been away to China during the war, but am home again and hope to find time to read my beloved CRITIC AND GUIDE.

A. ANDERSON, M.D.
Los Angeles, Cal.

Dear Doctor:—It is perhaps superfluous to say how much I enjoy every number of the CRITIC AND GUIDE, which is without doubt the fairest, bravest, cleanest and most outspoken and interesting journal in the bunch. With compliments and best wishes for a long continuance of your useful life.

FRANK T. BROUGH,
23 W. 23rd St. New York,

Dear Doctor:—Your editorial in the March number, relative to the American Medical Association, meets with my approval; so much so that I wish to hear more of it. If it was not for our loyalty to the American Medical Association, the J. A. M. A. would have, in our judgment, few subscribers. Their attack upon other journals, notably the American Journal of Surgery, was unwarranted. Their arguments are so inconsistent, so like the father who said to his son, "You must not use cuss words because I do." Some of the most practical information I have received has been thru the smaller medical journals. The continual advertising of health resorts in the J. A. M. A., as you pointed out, which are usually there for the money there is in it and most of them notoriously unethical, is in our judgment, much more serious than advertising some harmless palatable mixture.

Very truly yours,
J. G. KELLY, M.D.
Hornell, N. Y.

CRITIC AND GUIDE, New York, N. Y.

Dear Sir:—I would like to have my name taken off your mailing list. Your Journal is simply a write-up of some books for which there is no necessary existence. Neither the ethics nor the moral of the Journal appeal to me. Very truly yours,
GEO. P. MÜLLER.

Philadelphia, Pa.

—"I value The CRITIC AND GUIDE very highly and think each copy worth a year's subscription."—ULYSSES G. MILLER, M. D., Los Angeles, Cal.

—"Your journal appeals to me, probably because of its individuality, anyhow your nerve is different from most editors. Success to you, doctor."—S. J. ROSS, M. D., Schultz, W. Va.

—"I have to-day received 'Sexual Problems of To-day' and like it very much. Think it should be read by every person expecting to raise a family, at least."—J. P. BRANDON, M. D., Essex, Mo.

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—"I have just received sample copy of the CRITIC AND GUIDE and before finishing reading it, hasten to subscribe. I heartily endorse your fearless, honest position in the medical world of to-day. Wishing you long life and continued prosperity."—W. C. DUNAWAY, M. D., Little Rock, Ark.

—"In this office we find the CRITIC AND GUIDE to be a splendid digestant, as we do not go to our meals until we have mentally digested each new copy. Our copy of "Never Told Tales" is being read and appreciated by many men and women in this office, also "Prevention of Sexual Diseases", by Vecki. Yours for continued success."—E. P. CLEMENS, M. D., 1017 W. 5th St., Dayton, O.

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a field so entirely its own, that you cannot well afford to
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It is better to make a mistake in trying to tell the truth
Than never to tell the truth for fear of making a mistake.

Vol. XV.

NEW YORK, JUNE, 1912.

No. 6.

EDITORIALS AND EDITORIALETTES

ON QUACKERY AND THE MOST EFFECTUAL MEANS OF CHECKING ITS DANGEROUS PROGRESS.

We call our readers' attention to the rather remarkable article on Quackery and the Most Effectual Means of Checking its Dangerous Progress, which we publish in this issue. Excepting a few linguistic peculiarities which betray its age, no reader would guess that the article was written more than a century ago. The two remarkable features of the article are: First, the similarity of conditions existing to-day to those existing over a century ago, showing us clearly that where human dupes are concerned we are not progressing so very rapidly; and second, the remarkably radical but sane and efficient method of dealing with quackery that the author proposes.

The Board that he suggested 113 years ago would in a very short time accomplish much more than both our Pure Food and Drug Law and the Council on Pharmacy and Chemistry of the American Medical Association, and at the same time there is nothing unfeasible in such a Board.

It will also be seen that, in spite of his severity against quackery, the writer clearly differentiated between different kinds of proprietary remedies. He clearly differentiated—which some of our windy opponents of to-day fail to do—between remedies of known composition and quack nostrums.

It is too bad that the author hid behind the *nom de plume* of Aliquis, otherwise when such a Board as he proposed is created, as it is bound to be created in time—embryonic features of it are already in existence in various countries—he would have been given credit as the pioneer in the field of fighting quackery.

THE DISASTER.

No, it is not too late. And it will never be too late. A disaster like this should remain indelibly engraved on the mind and consciousness of mankind for centuries to come.

Language is inadequate to express the benumbing horror and the heartbreaking pity felt when the news, that 1600 human beings suddenly met a watery grave, reached the world. But still more inadequate are words to express the anger and indignation at the utter uselessness, at the unnecessaryness of the terrible catastrophe. Never was there a more gratuitous sacrifice. Never were 1600 men and women more needlessly, more brutally murdered. There is a disposition in certain quarters to lay the blame on the public: the public demands quick transportation, the public is speed-crazy, and the public must be given what it demands. I am not a defender of the dear public; the public is narrow, is stupid, and has many things to answer for. But this charge is false. There may be a few degenerates who are afflicted with speedomania, and who want to cross the ocean in 4-5 days. But the vast majority of the public, I would say ninety-five per cent, of the people who take ocean trips, are not in such a hurry. There is not a human being in this world whose time is so valuable to himself—and certainly not to humanity—that he cannot spend two or three days more in a trip across the ocean. The charge that the public demands speed and we must give it to them, is on a par with the excuse made by the filthy yellow newspapers that it is the public that demands invented stories, slander, etc., "and we only supply the demand". Appetites normal as well as abnormal develop on the food they feed upon, and undoubtedly yellow journalism may become a disease, the same as one becomes addicted to morphine or cocaine. But it isn't the public that first demanded yellow journalism—it is the yellow money-mad journalists that first offered it. And so with our five-day steamers. The public did not demand them. But the companies, in the stress of competition and in the insane desire to make records, have tried to outdo each other in the matter of speed. Captain Smith was sent out with instructions to make a record—and he certainly made one. That the disaster will accomplish great good in making ocean travel not only more safe, but also more sane, goes without saying, but this will have been accomplished at too great a cost. We should not have to hurl thousands of human beings into icy graves in order to learn that safety and comfort are more important than speed.

THE FUND FOR THE SURVIVORS.

A fund running into hundreds of thousands of dollars has been quickly collected for the Titanic survivors. Doesn't this make us proud of our fellowmen and women? No, it fills us with contemptuous pity. For it is only in cases of sudden, terrific, spectacular disasters, that our public becomes generously charitable. Charity under such circumstances is really a species

of hysteria. Millions of people live a living death, from the day they are put into the cradle to the day they are carried to their grave. Millions of people are slowly wearing their joyless lives away, in body-weakening, soul-destroying inhuman occupations; millions of people lead such existences that sudden death would be greeted by them as a welcome deliverance—and for these people we cannot excite any sympathy or obtain any help. For they are so common, perhaps even vulgar and their lives are so prosaic. And that's what makes me despise the public with its sudden fits of generosity.

And by the way, what will become of the million dollar Titanic fund, collected on this side and in England? Is there any one who really believes that the entire amount collected, or a considerable proportion of it, will reach the hands of the poor survivors, who are in need of help?

We don't.

JONES THE MICROCEPHALIC AGAIN.

The microcephalic Philip Mills Jones who has but one poor threadbare worn-out little string on which he continues to harp with the monotony of despair, has in the May issue of the California State Journal of Medicine—the Journal to which he contributes a few old platitudes each month—a nasty slur on Prof. Graham Lusk and the entire Remsen board. It accuses the entire board—Lusk, Remsen, Chittenden, Herter and Long—of having worked in the interests of the borax trust, practically of having made the report they did—for money!

"The Remsen board was appointed thru the influence of the borax trust—and most people, probably including Lusk, know that to be the case. It was suggested to determine that benzoate of soda in foods was not injurious. *It so determined.*"

People of the highest honor and integrity, people who make solid contributions to science by their original researches, people of the highest standing among real scientists the world over, mean absolutely nothing to slanderous ignoramuses of the Jones type, who will stop at nothing when it comes to defending their own case and to prejudging that of somebody else. Men like Jones disgrace any editorial chair they occupy—nay, they would disgrace a three-legged footstool.

AN INFANTILE ARGUMENT AGAINST ETHICAL PREPARATIONS.

One of the silliest, most infantile arguments that some writers, druggists particularly, offer against ethical proprietary preparations is the fact that those preparations, after they become well known, are frequently purchased by the public direct, without a physician's prescription.

A letter to this effect appears in this month's issue of THE CRITIC AND GUIDE and the writer thinks that he has made an impregnable argument. As a matter of fact that argument col-

lapses like a soap bubble at the prick of a pin. First of all, whether or not the public purchases certain proprietary remedies direct has absolutely nothing to do with the therapeutic value or worthlessness of such preparations, and that is the only thing that the physician and the public are concerned with. Second, if we refused to prescribe, to recommend or to advertise all preparations which are purchased by the public direct, we would have to throw out all valuable therapeutic agents, official and non-official. Should we discontinue prescribing quinine because the people purchase quinine directly across the drug counter? Should we discontinue prescribing or advertising phenacetin, aspirin, urotropin, veronal, adrenalin, etc., etc., because these proprietary preparations are purchased in large amounts directly by the public? Let us once and forever have it impressed upon our minds that there is not a valuable remedy, largely prescribed, which will not eventually be purchased to a certain extent directly by the public. Let us remember that times have changed. The present public is not as ignorant and illiterate as the public of fifty or a hundred years ago. I haven't very high respect for the general mentality of the public, but we must admit that it can read at least, and it likes to know what remedies it has taken and what they are for and what they are supposed to do. And I repeat, there isn't a preparation, whether official or not, whether sanctified by the approbatur of the Council or not, which, provided it is frequently prescribed by the physician, is not or will not be purchased directly by the public.

Of course self-medication is a bad thing, but that has nothing to do with our relation to a remedy. Our business is only to know the composition of the remedy and to know what it will do in certain diseases. If we know what the remedy is, and if we know that in a certain given case this is the indicated remedy and will do our patient the most good, then it is our duty to prescribe it. All other arguments to the contrary are mere piffle and unworthy of consideration.

THE COST OF PROPRIETARY REMEDIES.

Editor of THE CRITIC AND GUIDE:

It seems to me that as to choosing and quarrelling which proprietary remedy is and which is not ethical, that is waste of time. The preparations really deserving the serious and intelligent physician's investigation are only these of definite and hitherto unknown chemical compounds. But even these are tainted so powerfully with commercialism, that they are repulsive. The prices charged for these chemicals are generally from 500% to 1000% over and above their value. Some one might say that the discoverers are entitled to this reward, etc., but if human life and suffering is put on the scale to counterbalance these new products, and they are withheld or they demand the price of flesh in exchange, then I say down with such science which strives not after the amelioration of life, but after mammon.

Look at a few of the prices charged for these chemicals. Creosotal, Bayer's or Heyden's, \$9.00 a pound, worth about \$1.50; Phenacetin, until recently charged \$1.00 per ounce, worth about 10c. per ounce; Duotal, \$1.75 per ounce, worth about 20c., etc., etc., etc.

Yours truly,

S. KOPALD.

We regret to say we cannot share our correspondent's virtuous indignation. Medicinal preparations are not products of daily use which everybody needs every day of his or her life, or even which everybody needs some time during his or her life. Medicinal products are only of occasional use and the actual cost of medicines are an insignificant item during any illness, mild or severe. It is certainly much less than is the doctor's bill, for instance. And as a matter of fact, even where the drugs are cheaper the patient, as has been shown a number of times, pays practically the same price. The patient pays the same price whether you prescribe twenty tablets of urotropin or twenty tablets of hexamethylenamine; he pays the same price whether you prescribe a dram of aristol or a dram of thymol iodide; he pays the same price whether you prescribe a pint of Fellow's Syrup of Hypophosphites or syrupus hypophosphitum compositus. In fact we have known of some instances where he paid more for the latter than for the former. The only sufferer from the excessive prices charged by manufacturers for their proprietary products is the druggist—and I am holding no brief for any special class, no more for the druggist than I hold for the doctor. Humanity at large is always my first consideration.

As to the charging of excessive prices by manufacturers of valuable important products, I maintain now, as I have always done, that they are perfectly justified morally in doing so. All the great investigations, the salaries of hundreds of chemists, the wasteful experiments of which the public at large knows nothing, would be impossible if when succeeding in obtaining a valuable product the manufacturers did not obtain a proper financial reward. We are told that a dose of salvarsan costs only about ten cents, and many good people go into hysterical fits at the thought that \$3.50 is charged for what actually costs only ten cents to manufacture at the present time. They forget the 605 series of experiments which Ehrlich and his collaborators had to make before they obtained 606. They forget all the money and labor that was expended before the proper product was obtained, and they forget also that a good portion of the money obtained at the present time from salvarsan will go for further experiments, for further and perhaps greater discoveries. And another point. Would the public really be so much better off if salvarsan was sold at ten or twenty-five cents a dose instead of \$3.50? Would it?—Oh pshaw!

GONORRHEA AND IMPOTENCE.

When certain measures or reforms are suggested, such as the segregation of the unfortunate women, or teaching the use of venereal prophylactics, we are told that they are un-American—whatever that may mean. To hint that there is such a thing as sexual necessity is immoral and unmanly. American manhood would not stand for such a thing. The young American is manly and chaste. And in the very next breath we are told that 80 per cent. of our male population is suffering from gonorrhea! Whether 80 per cent. of our male population is, or has been at one time or another, suffering with gonorrhea is a question. I believe the number is greatly exaggerated. But whether the number of gonorrhea victims is 80 or 30 per cent., of one thing I am quite certain (tho of course no exact statistics are or ever will be available): at least 50 per cent. of our male population are suffering from sexual impotence in some form or another: complete or partial, permanent or temporary. And this is a sad state of affairs, for the misery that it causes is quite incalculable. It is much greater than that caused by gonorrhea.

THE INFAMOUS ROOT AMENDMENT.

This evening's papers bring the news or the rumor of the possibility of Root being nominated for President of the United States. This would be a calamity of incalculable proportions. Root, the vilest lackey of the big interests, for President—may the Lord save us from such a contingency. His latest amendment, which would trample under foot all our traditions and would refuse asylum to the world's fighters for liberty, which would throw back into the jaws of the Russian monster, the bloody Czar, the noble revolutionists who succeeded in escaping the hangman's noose or Siberia's frozen fields—why that alone should forever eliminate him from American politics. Root for President—ugh!

FIFTY NINE YEARS AGO.

May 24, 1912, midnight. Just returned from the last meeting of the season of the Association of German Physicians of the City of New York. This marked the completion of the 55th year of the organization of the Society and its uninterrupted meeting at Dr. Jacobi's house. By a strange coincidence it was also the 59th anniversary of the liberation of Dr. Jacobi from the Prussian State Prison, where he had been put in order to give his revolutionary ardor a chance to cool off. And by the way, if the infamous Root amendment came to pass, men like A. Jacobi and his friend Carl Schurz could be kept out of the country or they could be deported.



Contributed by the author to THE CRITIC AND GUIDE.

The Future of Medical Practice.

BY G. MERRILL HAWKINS, M. D., SEATTLE, WASH.

To be a prophet one must need be a historian; to draw a conclusion upon a particular subject its genesis must be known, and not only its genesis must be kept in view, but also its method of unfolding or growth.

My ambition is not to flounder in speculation, but to interpret in the light of past events the certain trend of present situations and state what seems now to be their inevitable future development.

This is not, however, an occult study as many might anticipate from its element of prophecy. Mysticism no longer holds the attention of that element in society that I hope to reach, the only element that will appreciate the conclusions here drawn, that element that has left its babyhood behind it; that has left its childhood behind it; and now in the full command of its manly and womanly mental faculties approaches ideas with mind clear, untrammelled by fogs of superstition, ignorance and prejudice, to apply in its full might positive thought, dialectic reason. They who stand upon or who are struggling to attain the sun-lighted peaks of a scientific monism.

All human institutions are closely related and interdependent, because the dominant factor in their generation is the same, the interdependence of living beings. They are all the children of this one parent, no matter what variegated liaisons that parent has had.

Thruout the modern world appear to all who are able to interpret their meaning manifestations of coming root-searching changes. We are living in an age pregnant for readjustment. Every department of human thought is being questioned and in this universal examination before the tribunal of the inquisitors the practice of medicine has been called.

Now the practice of medicine is a human institution, springing as a satisfaction to human needs; it was born when the race was born, yes, even earlier than the human race, for in our brothers of the lower orders we find attempts to alleviate suffering by external and internal applications of remedies. Like all human institutions, it has passed thru the same tedious, torturing evolution that has characterized the growth of the race, outwardly manifested by the struggle of contending forces—progressives against the reactionaries, realists with the idealists, science with superstition, positive thought with metaphysical sayers of words.

This struggle has been beneficent first to the profession of medicine and thru it to society at large. It has been the pruning hook of the orchardist that has trimmed off many worthless and dead limbs and stimulated more and more root development and as a result modern medicine in its scientific position stands forth to-day one of the greatest achievements of social endeavor. Great because of its widespread applicability for usefulness; great because of the ultimate motive of its activities, the practical exhibition of that altruism, which in the looked for age to come will be the governing principle of all action.

The progress of medicine from superstition to science, has been contemporaneous with the evolution of the human mind from savagery to civilization, infancy to manhood, spiritism to materialistic monism. It has advanced in corresponding ratio as the intricacies of structure and function of the human body became known and each advance has had as its foundation material fact.

The savage interpreted his dream as his spirit travelling separate from his body while he slept, it was his soul. If he, an ordinary tribesman had a spirit which after his bodily death journeyed to the Happy Hunting Grounds, or Valhalla, or Heaven, his chieftain and ruler must have a spirit also and in the spirit land he must be as powerful as upon earth, hence the beginning of the idea of a god with his cohorts of angels; with this concept of things went the idea that illness and accident were the manifested wraths of an offended demon, an offended dead person, a witch, and were to be cured or avoided by magic, sorcery, self-mutilation and prayer. A few effective plant remedies were used to assuage pain, and these were worshipped as the spirits of departed friends and ancestors come to do the sufferer good, among the most notable being tobacco, coca and asclepias.

The race at this period gained its living by the chase, by eating war captives, a precarious existence all of the time.

As social order developed, the noting of past experiences gave rise to sects or schools of medicine such as the methodists, pneumatists, and so forth, still, however, attributing to the spirits the source of all phenomena.

Previous to the end of the fifteenth century the knowledge of medicine as of all other branches of science was very superficial and distorted; the social system was crude and cumbersome and cruel, the nobility was debauched, the church in supreme control, and the knowledge of the day was locked away from the people in the abodes of the monks.

This stagnant slough of suppressed humanity was cauterized, amputated, puked, purged and poisoned, for the greater glory of earthly and heavenly lords.

But with the sixteenth century came the first revolt against feudalism which marked the beginning of the ascendancy of reason and research over faith and ignorance. A great change

was taking place in European life, broader spheres of action were unfolding, a new class in society, the bourgeoisie, was germinating, markets were developing, the printing press came into use, and knowledge became disseminated away from the monastery among the people. Now occurred a great advance in studies of anatomy, physiology and chemistry, and upon this foundation medicine took a long stride, in fact, modern medicine began. Later occurred the demonstration of the circulation of the blood and Bacon's great contribution to thought reared upon the basis of exclusion by elimination. Still further advances were made in the eighteenth century when thought in the main had been liberated from theology and serfdom banished, when the commodity became the important factor in human life and titled nobility resolved into emptiness.

The studies in botany, physiology and anatomy during this period brought medicine another notch higher toward general and definite usefulness, but it was not until the nineteenth century, in the full flower of the capitalistic mode of production of the necessities of life, when freedom of trade necessitated also a more general freedom of thought and tolerance of scientific investigations, and complex machinery demanded workers who were educated to run it, that the greatest discoveries as to the causes of disease, and the most complete demonstrations of the structure and functions of the human body occurred.

This was made possible by advances in the related branches of science, the perfection of special instruments, and opportunity for study and research afforded by institutions, the result of rapidly accumulated wealth; the development of the science of bacteriology and its sequences, aseptic surgery and serum therapy; the perfection of drugs into stable definite substances, unchangeable and always dependable, while in the main channels of thought the last vestige of spiritism had been divorced thru the telescope from our mundane dreams, giving better use of the powers of observation and reason; the great advantage of having the knowledge of past centuries to work with—all have contributed to bring medicine in the twentieth century to a position upon a basis of science that is impregnable.

The demon of disease has been revealed by the man with the microscope to be a germ and in our arsenal is no longer found sorcery and prayer, but bacterial vaccines and the systemic antiseptics and protectives. We no longer torture a sick man for witchcraft but flush his sewer system, we no longer beat tom-toms to scare away an offended dead man, but supervise and regulate the food intake of the living.

This brief sketch of the scientific development of medical subjects from crude savage bewilderment to concrete civilized knowledge is but a glimpse at the sources and development of the sciences that pertain to the human organism, its structure and functions. It sketches the growth of the tool, let us now consider its application.

Savage man lived in a world of terror with fright and dismay facing his every move. Knowing little more than the animals, natural phenomena stimulated in him a fear that is hardly appreciable now; the nearest we can come to retrojecting ourselves thru the centuries to his mental status is when we experience the nightmare of our sleep or the delirious dreams of sickness.

From the misery, fright and suffering by which primitive man was surrounded sprang his desire for relief, a desire that more than anything else accounts for the unending struggle towards intelligence, and made our present enlightenment possible. The source also of our false reasoning and superstitions is found in the perpetuation of his interpretations of occurrences, the nature of which he was ignorant of. And it was from primitive man's dire necessity and most urgent desire to gain relief from his sicknesses that slowly there grew in society a body of men who made the study of those sicknesses, their cause and cure, their life work.

In society primeval as long as all entered into the chase, each one participated in gaining the livelihood of the tribe, but as soon as one man or group of men gave their time to some other phase of contemporaneous social need and divorced their help from the chase, the battle, the herds or tilling the soil, to make themselves more useful by filling some other social or tribal want, then someone else must fill their ordinary positions, in return for the benefit which the vocations of secluded ones were enabled to give the tribe or nation as a whole.

To-day this application of special knowledge for the relief of human ills is called the practice of medicine, and the problem that confronts society to-day as a whole, and the medical profession in particular, is how to apply this knowledge that we have to human ills so as to be the most useful to contemporaneous society.

During the period of communism within the gens the medicine man was a communal officer who attended all that needed his services, and received the benefits that befell to all alike. But with the overthrow of communism and the rise of privately owned property the medicine man obtained his livelihood by contributions from his patients. However, with advancing knowledge and concomitant advancing usefulness, the medicine man was placed in a position to demand fees in return for his services. This instituted a new relationship between the physician and society, he became recognized as a positive force and his as a necessary social function.

To the physician this changed relation enabled him to devote his entire time to his work and make of it the sole source of livelihood and in some instances a source of surplus wealth attainment. It is from this element in the modern physician's social relations that most of the abuses in the profession arise,

giving opportunity and incentive to the various reactions and variant cults that spring up like mushrooms after a shower.

The important and influential factor in the life of a people is the method by which they obtain the means of life. That method determines the character of all their institutions. The methods by which the people of the capitalist era are gaining their living are principally two: with one class by abstracting profits thru private ownership, from manufactures, transportation lines, natural resources of the soil, and control of the money channels; and with the other class by competing with each other for employment by the owners of the utilities, from which they secure enough wealth in wages to maintain an existence and reproduce their species. This system has arranged society into two hostile classes, the workers and the owners, or the producers and non-producers. It is a system under which any common spirit of humanity finds barren soil. It tends to pit individuals against each other in pursuit of gain. It tends to obliterate all ideas of happiness and usefulness, except the one idea of getting control of as much of the nation's wealth as possible. Honest toil is not rewarded with its natural fruits, and a life time of useful occupation may end in penury and distress.

The idea becomes dominant that one must get all he can while he can, whenever an opportunity presents.

This environment has a decided effect upon the medical profession in two ways: first it compels all physicians at some time in their careers and most physicians thruout their careers to keep in the forefront the monetary side of their vocation, oftentimes to the detriment of their worth as physicians.

Second, it has given opportunity to the financial highbinders in the profession to ply an unscrupulous campaign for dollars, thru political wire pulling, hired advertisers, contract and lodge practice, misrepresentations to unadvised patients, methods of patient grabbing far below the time honored role and dignity of the profession of medicine, thus bringing an odium upon the profession entirely unmerited and untrue.

In this respect, however, the practice of medicine has only attained the position occupied by all of our modern socially useful institutions, that is the institutions and industries that have been the result of centuries of social effort are being used for individual aggrandizement at the expense of social worth and function.

Society in general in its relation to physicians has been affected: First, by making it impossible for many to pay the physician when called to attend sickness.

Second, it causes those so inclined to defraud the medical man out of fees for which he did useful work.

These two effects have reacted upon the practitioners of medicine, keeping the rank and file poor, unable to keep up with the progress of modern medicine as well as they might under favor-

able circumstances, and forcing them to work without remuneration anywhere near their social value.

Third, it has given opportunity for a multitude of swindlers to prey upon an ignorant public, relieving it of its money but not of its ills. These individuals for the most part are using a smattering of medical knowledge to entice sick people's dollars, and they find rich fields.

Fourth, it has enabled the atavistic element in society to carry out a rejuvenated form of spiritism for material gain, leaving to the devotees depleted purses and a cultivated ignorance of scientific facts in general and especially those pertaining to disease conditions.

Fifth, gain being the overwhelming object of all present activity, the greater mass of people have remained woefully innocent of scientific methods of thought, and are hard to deal with from a scientific standpoint, especially where they have to pay out money, and as a result will not in many cases follow a physician's advice, which takes into consideration the course of disease, but will neglect vital phases of pathological conditions that swiftly work for race deterioration. They look for something quick and cheap, no matter if it smacks of the miraculous and is utterly unattainable.

This chaotic state of affairs is bringing about a deplorable condition in the medical profession, and its relief is certainly to be looked for. This relief is already in sight and must come as a correlative of changed economic conditions. If the evils extant are due to the private application of a social need, then the cure is to supply the social need socially. To a very limited extent this is being done to-day. Along with the partial socialization of industry has come the public officer of health and sanitation, but inasmuch as its scope is limited so also is the benefit of this office limited. Half way measures are unsatisfactory, but we have every reason to believe, from our present social status, that the complete socialization of the instruments of production and distribution will be accomplished during the life time of many now living, and with this step must also go the complete socialization of the medical profession.

The ills we suffer to-day spring from a lack of intelligence in administering to social needs. Our notorious backwardness in the study of social conditions and their economic sources is responsible for our militant attitude against everything that will aid in supplanting private ownership of those things that have been produced by the labor of the many working socially, with an orderly and scientifically managed collectivist democracy. This puerile hostility, however, is being overthrown by economic necessity. Financial depression is a great missionary.

The advantages to be obtained from a regime of this kind are numerous and far reaching. It is sufficient here to mention those that pertain to medical practice.

First, the livelihood of physicians would be assured, as that of every other citizen would be.

Second, every individual would have the services of a physician, and at the time most needed.

Third, scientific attainment and social worth would be the professional ideal instead of monetary gain. Physicians would be free to apply science to human needs much more completely than now, untrammelled by fear of loss of prestige thru the ignorance of patients, and could give honest advice where now in many cases it is impossible to do so and maintain their position.

Fourth, every physician would have as much work as he could do well and maintain his own health and no more, permitting of an organization of the profession hitherto undreamed of, abolishing the working at all hours of day and night as at present, and enabling physicians to confine their work to that branch of medicine for which they are the best fitted, and not as now, when they are forced to do a little of all branches to gain an existence.

Fifth, it would expedite a scientific education among the people along physiological lines and render them amenable to correct advice, thus assuring necessary duration of treatment for the cure of many present day diseases.

Sixth, physicians' vacations and post-graduate courses would be possible for each practitioner, thus raising the general average of efficiency over what we find to-day.

The medical profession has reached the highest development it can ever hope for under existing conditions, so far as ministering to the sick is concerned. Already a demoralizing force is at work the same that begins in any institution or organism when it has reached its full development. But the one hopeful thing is the opportunity ahead for further development under a changed economic system.

That is the difference between Medicine and Law. The lawyers tell physicians that they take themselves too seriously. They fail to see that physicians are engaged in a serious work, they have an active future to prepare for. The Law has no future, its serious work is over for all time with all but a few of its bar, and lawyers can well afford to laugh at themselves, for they are part and parcel of an age that is rapidly fading. With the passing of privately owned property, the lawyer bids adieu to his former activity.

The physician will be a social need as long as the human system becomes unhinged, he will be carried along by the wave of advance, but his position will be changed, and from private competitive practice, the remnant of a past stage of development, he becomes a social servant, an integral part of the new social order.

Contributed by the author to THE CRITIC AND GUIDE.

Paresis of the Bladder.

BY WILLIAM FRANCIS WAUGH, A. M., M. D.,

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One of the most significant and annoying evidences of advancing age is the increasing weakness of the vesical detrusor. The urinary stream weakens to a feeble trickle, while the demands of the bladder for the evacuation become frequent and imperative. Scarcely can one wait for the opportunity to satisfy the urgent impulse; and then, after the first quick gush the ardor subsides, and a tedious wait follows while the languid viscus slowly contracts. But beware! Leave a portion of the fluid as a residuum, and an increase of ardor and of debility is sure to follow. Wait, even if a line of impatient fellows shuffle uneasily and make audible comments; wait until the last particle has been evacuated. As it is, the last few drops are apt to be shed upon the clothing, to the mortification and discomfort of the victim.

By and by one begins to be uncertain whether the bladder is really emptied, and if the patient is a doctor he feels tempted to insert a catheter and make sure. Again,—beware; and please, put that word in again, and in large caps—BEWARE!!! Don't omit the three exclamation points either: thus!!! The first introduction of the catheter is the last excuse for the sluggish bladder, and never again will it perform its expulsive function. Catheter life with its limitless discomforts, annoyances, pangs and perils, begins with that first resort to the infection-bearing instrument. Don't delude yourself with the belief that *you* will so manage it as to avoid infection—it can't be done. Cystitis comes sooner or later to every man who introduces the catheter into that forbidden ground, the holy place, whose hidden deity ever resents intrusion upon her sacred precincts.

Lessen the irritability of the bladder by excluding from the urine all adventitious irritants. Eschew spices, condiments, crèsses, all dietary components containing volatile oils. Even if these do at first arouse a little activity, this soon subsides, while their irritating effect on the kidney and the trigonum vesicæ is more decided and enduring. Keep the alimentary canal clear, so as to prevent the presence of indican, skatol, *et id omne genus*, elements that may be vicariously eliminated by the kidneys, but always under protest and at high cost in tightened vascular tension and its long train of ills.

Above all avoid alcohol; and all the more because nothing so promptly relieves the tenesmus and imparts momentary activity to the detrusor. The reaction is certain and the formation of the alcohol habit inevitable. Under cover of this the debility advances more rapidly; the patient soon becomes permanently "pickled," filling up early in the day and thereafter taking enough to keep up the condition; never sober—or if he

is, suffering, such aggravation of his pangs as quickly drives him to his drink—*nepenthe*.

Here I must digress: This is one of the most potent causes for the formation of the liquor habit by aging men. The imperative demands of the bladder drive them to seek instant relief, and the only accessible place is the saloon. Men who avail themselves of the toilet without patronizing the bar soon get a “call-down,” and insensibly the custom of taking a ‘pony beer’ grows. Associations are formed there, familiarity renders the place and its denizens less repulsive—and one more recruit joins the vast army of tipplers. [Yes, if our politicians thought less of graft and more of public comfort, sanitary toilets would be found all over the City. W. J. R.].

Take your time. Call to the aid of your bladder all the abdominal muscles. Massage the hypogastrium. Rub the sacral region vigorously. Let the water run in the wash-bowl. Meanwhile control the *tenesmus* by will—it is largely psychic and may be held in check. Make your bladder retain its contents, and do not humor its repugnance to retaining over a spoonful of urine.

What of therapeutics, direct and positive?

We have two points for the therapeutic attack—the irritability of the *trigonum vesicæ*—and of the whole vesical mucosa—and the paresis of the vesical musculature, the *detrusor*. The irritability very slowly and surely subsides under the influence of *arbutin*, a centigram ($\frac{1}{6}$ grain) seven or eight times a day; and this priceless glucoside may be continued with impunity and benefit for an unlimited period, even for years. This is notable, since few medicaments should be administered longer than a month—iron for instance—and some are to be laid aside after a week’s use.

The *detrusor* may be energized by *cantharidin*, gr. 1-15,000, not more than seven times a day and very rarely in larger doses. Get impatient and contemptuous of these little doses, and you aggravate the malady by larger ones. Whatever value *cantharides* has for internal use it is only in such minute doses; beyond that it is simply an irritant, blistering the mucous surfaces thru which it is excreted. The fact that here the *cantharidin* goes to the parietic fibers and energizes them, instead of irritating the excitable trigone, is a curious example of the selective influence of remedies we occasionally find—when we look for it. Were we to search more diligently, many more such instances might be recognized.

Physostigmine stimulates the *detrusor*, but may be held in reserve for the time when *cantharidin* fails in the doses given. Better add the *calabar alkaloid*, than increase the fly glucoside.

What will this medication accomplish? By its aid, with suitable hygienic accessories, the bladder may be kept in good **workable** condition for some years, the good effects gradually wearing out. Dissatisfied with that? My friend, what do you

expect at your age? To live forever? Think and plan as you did when a boy, with life stretching in limitless vista before you? Ask the actuary what is your expectancy, at sixty. Ten years? Very good; lop off five if you drift into catheterism; add five by such management as herein suggested; but don't ask for a restoration of youth. We are physicians, not Rosicrucians. Our work is to utilize what you have of vitality—not to make you young again. So we calculate your vital resources and plan to make them last as long as possible, and eke them out by every means our art affords.

Contributed by the author to THE CRITIC AND GUIDE.

The Evolution of Superstitions.*

BY JOSEPH F. RINN.

In all ages the credulous have been the easy victims of the crafty designing minds of that period. The human mind has never been able to conceive of anything too ridiculous not to find believers.

A few months ago I showed in a public demonstration that the so-called phenomena produced by spiritualistic mediums could be produced in public, under any kind of conditions, by any person qualified by experience to perform them, and when I explained how they were done you readily saw that the educated person could be as easily deceived by tricksters as the uneducated.

Mysticism in some form has held the human race in its bonds from the earliest times, and no sooner does scientific knowledge kill one superstition than it crops up again in a new dress at a later period, with a few scientific frills added, to entice the half educated and mentally weak who are unable to analyze anything in a logical manner. The belief in supernaturalism has been the curse of the human race, and in the evolution of mankind has ever been the greatest obstacle to scientific progress in every field of research.

Primitive man explained the Earth by the Heavens, and the storms, lightning and thunder and earthquakes, and the havoc they created, caused mankind to finally believe in gods and devils of all kinds. They at one time viewed the earth as a huge animal that had to be propitiated when angry, and this led to the offering up of sacrifices. Even to this day in parts of Russia this belief continues, as they believe a convulsion of nature caused by God's anger, and an earthquake is supposed to be caused by demoniacal possession.

Every rock, well, river and tree had a deity to whom they made sacrifices.

Astrology arose thru wonder at nature, as the earth was supposed to be a thing apart from the universe or the rest of the heavenly bodies, and the operations of nature, the change of the seasons with its mildness, sunshine and warmth, as con-

* Read before the Brooklyn Philosophical Association, March 3, 1912.

trasted with cold, earthquakes and storms, epidemics of disease and the eclipses of the sun and moon led to the belief that the planets were peopled with gods that dispensed favors or vented anger on mankind.

To the Babylonians belongs the belief in the stars of men's nativities, the planetary houses, the twelve signs of the Zodiac, while the fixed stars are associated with the planets and gods in the affairs of men. Even the great Kepler believed that planets had minds.

In Egypt they divided out the limbs and organs of the human body, putting each under a special god, and they made calendars of lucky and unlucky days, and these old signs are in the almanacs printed at the present day.

The Assyrians had thirty-six conciliar gods in the twelve signs of the Zodiac, and whenever a discovery in medicine or science was made the province of these gods of the stars were enlarged.

Mankind had dreams and gradually the belief arose that every person, implement, animal, plant and object had a phantom of itself. This gradually led to burying a man's goods with him at his death, to the burning his slaves, horses and his wives at the same time to accompany him on his journey, and this persisted until recent times in some countries, but the last time it was done in Europe was at Treves in 1781.

The doctrine of object souls or phantoms expanded into a general doctrine of spirits conveying influence thru material objects, and thus arose the worship of images, and the belief in amulets or charms. Magic squares with numbers supposed to possess magical properties were engraven in metal or stone as amulets or talismans, as according to astrologers relations existed between these squares and the planets and they were consecrated to planets. To-day this superstition still exists, as many people carry lucky pennies, swastikas and other so called charms for good luck. Horseshoes as luck bringers still have believers.

The word "Abraxas" engraved on a ring or gems was once famous as a talisman, but all talismans pale into significance beside the mystical word "Abracadabra", which Baronius, in his *Annals*, attributes to Serenus, a physician of the third century. It was said to have power to ward off demoniacal influences, heal physical ills, etc. Eliphas Levi discourses upon it as follows: "The magic triangle of the pagan theosophists was the celebrated Abracadabra, to which they attributed extraordinary virtues, and the letters were arranged in the form of a triangle." Pythagorean philosophy grew and favored mystical speculation such as those of numbers. Occult powers in the planetary seven and the Zodiacal twelve were recognized, and spiritual arithmetic was carried so far as to indicate good deities by whole numbers and demons by fractions. Mystical symbolism of the most ridiculous kind in relation to numbers prevailed. Even to this day, in spite of education, we have many persons afflicted

with beliefs about the good and bad luck of certain numbers. Many persons will not sit down to dinner with thirteen people, and recently when the English government was about to start Home Rule in Ireland on the 13th of the month, the Irish members of Parliament requested them to postpone it a day and not commerce it on such an unlucky day. A great many persons to-day believe in the ridiculous nonsense brought down from the past, and change their names to correspond to certain aspects of numbers. Reasonable people should readily see that a mere figure of arithmetic could have no action in the affairs of men any more than the picture of a turnip could.

The many peculiar ways that multiplication of certain figures, such as three or nine, work out, as well as the mystical seven, has led the superstitious of the past to attribute certain spiritual powers to numbers, just as they believed an earthquake meant a demon had taken possession of the earth, or that thunder and lightning meant the angry voice of God.

To the believers in the bad luck of 13, I would say that for many years we have had a Thirteen Club in New York City that has violated every rule regulating the thirteen superstition and with no evil results. They sit down to dinner on the 13th of the month, thirteen at a table, thirteen minutes past the hour, eat and drink thirteen things, walk under ladders, break looking glasses and do every conceivable thing supposed to bring bad luck, and in the years I have followed its career I know its average for the good luck of its members, as well as good health, is better than other clubs.

In all ages those that knew the operations of the laws of nature and those skilled in magical tricks used their knowledge to increase their wealth and power and to terrify the people. Mankind has practiced the arts of imposture so long that no reliance can be placed in anything coming to us from antiquity.

When the Cycle of Eclipses became known is not known, but it was known to Thales in the sixth century before Christ, and in India before that, as the Incarnation of Vishnu is based on it. Familiarity with the cycles will enable anyone to foretell the eclipses with unerring certainty, so that in ages past, when ignorance and superstition were prevalent, the few possessing this information were armed with great power over human minds.

The priests of that period used their knowledge to enslave mankind and rule them through their fears. No religious or political revolution was possible in ancient times unless it had adequate astrological sanction, so they that knew the secret of the eclipses considered anybody an enemy that dared to reveal it to mankind. The Greek priests caused the philosopher Anaxagoras to be thrown into prison for daring to reveal information as to the period of the eclipses. Five centuries later Pliny wrote: "It is a long time since the means were discovered of calculating beforehand not merely the day or night, but the very hour at which an eclipse of the sun or moon is to take place, yet the

majority of the lower orders of mankind still firmly believe that these phenomena are brought about by enchantment."

Magic held a prominent place in Egypt, Babylon and in Rome. Public divination was carried to the extreme, and every public act was done under magical conditions. The oracles of Rome and omens of all kinds had public sanction. Thunder and lightning, a heavy hailstorm, or a calf born with two heads meant a sign of some kind. Omens were taken from birds, and it depended whether the birds appeared on the right side or the left. The owl was the unluckiest bird. Sacred chickens gave omens according as they were eager or not to feed, and if they dropped crumbs on the ground it was an omen. Foreign soothsayers practiced their arts on rich and credulous dupes the same as our fakirs do now. People lived in fear of the arts of fascination, of ill-wishing or of the evil eye. Now the followers of Mrs. Eddy live in fear of "malicious animal magnetism".

They believed in unicorns, dragons, satyrs, salamanders, genii, and many strange things that appear ridiculous to us. They believed in the magical transformation of men into beasts, and sorcerers were thought to have the power to turn themselves into wolves. They had laws in Rome making it a crime for anybody to raise storms by magic or to turn men into animals. Also that no one should remove his neighbor's crops to another field by incantation or conjure away his corn, but incantation was permitted against disease, droughts, storms or any natural phenomena injurious to agriculture.

In order to properly understand our present superstitions we must study the beliefs of past ages.

You have seen old pictures of a witch flying thru space on a broomstick, and to-day this has evolved until persons believe that we have an astral body that can fly thru space while your regular body is doing business at the same old stand.

Every time you place your hand politely over your mouth when you are yawning you have an illustration of the evolution of a superstition of the past, as some hundreds of years ago there was a superstition common in Europe that the devil was always lying in wait to enter a man's body and take possession of him. Satan was supposed to go in by the mouth. After he had waited a reasonable time and the man did not open his mouth the devil made him yawn, and while his mouth was open the devil jumped down his throat. So many cases of the kind were believed to have occurred that people learned to make the sign of the cross over their mouths whenever they yawned in order to scare away the devil. The peasantry of Spain and Italy still adhere to the old method, but most other people have dispensed with the sign of the cross and simply place the hand before the lips. It is a most remarkable survival of a practice after the significance has perished.

Few realize that church bells were put in high places on churches to scare away the devils of the air.

American sorcerers have magic chants of power over the

elements. They extract disease animals from the sick by sucking and blowing on them. They make pictures and images of persons or animals and pierce them with thorns so as to kill the persons or animals they represent. The evolution of this belief we have with us now in a new dress in Christian Science, and it is called malicious animal magnetism; and they really believe that by throwing magnetic waves over space they can injure a person or make a person well, and some cults believe that they can take the picture of a person, hang it on the wall, talk words of ill health to the picture, run a dagger into the heart on the picture and that the person it represents will be affected at a distance. Also we have superstitious ideas about Mesmerism or Hypnotism coming down to us from the belief that some persons had an evil eye that could affect us. Mrs. Stetson was removed from her position as pastor of a Christian Science Church on the ground that she employed malicious magnetism against those in power in Boston.

Few of us realize when we say "God bless us", or "Gesundheit" in German, when a person sneezes, that it is the evolution of an old superstition, as at one time there was a belief in a god of sneezing, and great undertakings would even be abandoned if a person sneezed at an inappropriate moment, the act being looked upon as an oracle of the god. A sneeze between midnight and noon was looked upon as a fortunate sign, but between noon and midnight it betokened great misfortune. To sneeze to your right was lucky, to your left unlucky. Two or four sneezes were lucky, one or three sneezes were unlucky and any undertaking in hand should be abandoned; more than four sneezes did not count. If people sneezed together it was a good sign, particularly if they happened to be discussing business. From a past holding to such ridiculous beliefs has come down to us the belief in palmistry, astrology, luck, etc., which many persons calling themselves educated accept as true.

In the past, men of the medical profession had to contend with difficulties undreamed of now, as charlatans and magicians worked all kinds of games on the superstitious public, under the guise of helping bodily ailments and removing spells cast about people. This class of medical fakirs exist to-day in spite of scientific knowledge, daily newspapers and books, but the most wonderful thing to my mind is how few medical superstitions exist in our day when we review the history of its progress from the period of magic and incantations to that of real scientific medicine, governed by common sense and logical reasoning, with no gods or devils, magic spells or incantations as part of its procedure.

As soon as scientific investigators give a few details of what they hope to arrive at by any particular process that may take years to bring results, the fakirs and quacks take advantage of the situation, and so we have radium cures for every conceivable ailment, mystical cancer and tuberculous cures, galvanic belts,

rheumatic rings, metal insoles in shoes, magic oils and every conceivable tommyrot to lure the dollars from the suffering public. Nothing seems too ridiculous to find believers, and in a way it is almost as ridiculous as in past days when they believed that a toothache could be cured by driving a nail into an oak tree. Is that any more foolish than the belief existing to-day that carrying a horsechestnut in the left hand pocket will cure rheumatism?

In ancient times herbs were used more for magical effects than for curative properties. They used the heads, middle and roots of plants to cure heads, bodies and legs respectively. Illness was caused by demons and any medicine given must be with magic words. Thus an emetic was given and the following words said: "O demon, who art lodged in the stomach of M., son of N., thou whose father is called head smiter, whose name is death, whose name is cursed forever, get thee gone", etc.

Even at this day we have in Pennsylvania what are called Pow-Wow doctors. They utter strange words over the patient and cure erysipelas by moving a shovel full of red hot coals slowly to and fro over the body of the patient, repeating a strange jargon of words. If the Pow-Wow fails a regular doctor is called in, but if a cure takes place the Pow-Wow gets credit.

The sign Jupiter slightly altered still heads prescriptions.

The custom of wearing amulets and charms was very popular among the ancient Greeks and Romans. Athletes wore them to insure victory, and an oath was sometimes administered to persons beginning a legal battle, "That they had ne charm, ne herb of virtue".

What I have cited shows you the operations of the human mind in the past, and it is little wonder that we have not overcome all the superstitions. Astrology has been the most persistent superstition to overcome, and it still holds sway over many minds. In the past astrologers predicted everything. Pascal says: "They only assign good fortune to rare conjunctions of the stars, thus rarely fail. They say eclipses portend misfortune, because misfortunes are common, so, as ill chance happens often, they are often right."

Montaigne tells us that astrologers predicted everything, and that one time vast sums of money were lost in Italy because of the sacrifice of valuable securities on the exchange because of the prediction that Italy was to be destroyed. A favorite topic of astrologers has been the immediate end of the world. They predicted it in 1186, and Stoffer predicted a universal deluge in 1524, a year noted for its drought.

The priests regulated the whole civil life of a nation, its laws, courts, markets and marriages by astrology. The primitive week began as the first of the week with Saturn and ended with Venus. They had lucky and unlucky days for everything. With the Arabs, Tuesday and Wednesday were for blood letting, as Mars was lord of iron and blood, and Mercury lord of boils.

Even to this day in Bagdad when astrologers proclaim lucky days those days are selected for surgical operations. In Madagascar thousands of children born at a time declared by astrologers as ill-omened are put to death.

In 1849 in this country when Miller, the head of the Millerite sect, died there were 50,000 of his followers that accepted the astrological verdict of the end of the world and gave away all their goods.

The curse of the human race has been the belief of something causing us bad or good luck. This I most positively deny. And I will give \$1000 to any person be he astrologer, palmist, clairvoyant, fortune teller or what ever name he may be called, that can tell anything positive and definite, that could not be caused by premeditation, even five minutes ahead of it occurring. I mean that at five minutes past ten on a certain date ahead John Smith will be on a subway train and will be killed in a collision. It is absurd to think that a man born at midnight as the son of John D. Rockefeller, will have the same fate as some poor colored man born in 27th street, or that a girl born to the Queen of England could possibly have a similar future or fate to a child of some poverty stricken woman of the White Chapel district in London. And this cannot be gotten away from by any subterfuge of astrology, as persons are born at the same moment in wealth and poverty right in New York City and live and die here and we can get the records showing they never had anything in common in life.

Palmistry is another fake built upon the superstitions of astrology, and I challenge any palmist to lay his rules for determining his facts before us, and will wager him \$1000 that I can prove him wrong in anything outside of character reading. I have just as good ground for claiming that the shape and lines on the feet mean something as he has that the future can be predicted from the palm.

Now in relation to the idea of luck that prevails I would say that seven times out of ten the man we call lucky has had certain results in his favor occur because he was plucky, because with pluck he combined prudence, and because without others knowing it he had prepared himself for such opportunities as presented themselves. I do not say in all cases, but in a large percentage this will be found true. Now chance is what some people call luck, and it is true that chance, or being in a certain chain of circumstances may bring good results, but what I do deny is that this chain of circumstances is prepared for any special individual, any more than if a number of persons are walking along a crowded street and a gust of wind blows dust over them it was prearranged. The dust had to strike anybody that was passing, and if nobody had been passing it would have fallen in the street. The same way if a pail of water fell off a window sill where somebody was washing windows, and the

street below was crowded with people walking, the water and pail had in all likelihood to fall on somebody, and so it is in many affairs of life: what we call luck is in operation all the time in a similar manner to the wind blowing the dust, and if the wind blew a thousand dollar bill into your face it would not have any more significance of being prearranged than if a shower of dust had done the same thing or if a mosquito had bitten you or you had stepped on a carpet tack.

The idea of fate and luck as it is ordinarily understood go together, but Science recognizes no outside intervention in human affairs, and your actions are determined by your impulses solely and the strongest impulses always govern your action no matter what the action may be, and in this way only have we any knowledge of any controlling force. Nobody prearranges anything for you, but if thru bad parents you inherit certain tendencies, then thru these bad tendencies your future may operate, and when mankind learns to breed its kind as scientifically as it now breeds its cattle much of this evil will be banished, as the degenerates and unfit will not be permitted to propagate their kind.

On Quackery and the Most Effectual Means of Checking Its Dangerous Progress.

BY ALIQUIS.

It is not an easy matter to determine, what mode of administering medicine comes within the description of quackery; it can hardly be extended to all advertised remedies, because in that case, we must involve many prescriptions of eminent and regular physicians, who, actuated by various motives, have communicated their discoveries to mankind in this way; or the fruits of whose labors in the invention and application of medicines, have found their way into the world by accidental means, without their concurrence.

There are also some medicines which have been reported to be so highly efficacious in the cure of particular disorders, that the legislature have thought fit to pay the inventors a reward for their ingenuity, and to publish the compositions of their nostrums for the benefit of mankind.

But we do not apprehend that either of those classes come properly under the denomination of quackery. Where the component parts of a medicine are publicly known, as well as the exact manner of preparing it, or where it comes forth sanctioned by the name of a regular physician, of known and approved abilities and integrity, however it is promulgated or in whatever way the diseased are supplied with it, we do not apprehend, in either case, the medicine ought to be considered as quackery, or that its value is at all lessened by being vended at such a price

as renders it unattainable by the afflicted in every station of life, or degree of circumstances.

But in my opinion, those are properly termed quack medicines, which are either advertised under fictitious names, or anonymously; those of which the composition is unknown, and the compounders and venders of which, are either ignorant pretenders to medical knowledge, or men in situations or professions in life totally remote from the profession of physic.

Under the burdens of medicines thus obtruded on the world, do the public at this moment groan; and not only the newspapers and other periodical publications are filled with advertisements, recommending these doubtful and dreadful compounds, but every corner of the streets is furnished with distributors, who load the passengers with pamphlets and handbills, promising, in the strongest terms of assertion, infallible relief to the diseased in all cases; and inviting them to swallow, for the cure of disorders so very different in their natures as to make it obvious on a moment's reflection, to all but the grossly ignorant, to whom, indeed, these delusive applications are particularly directed. Such is the credulity of mankind, that they suffer themselves to be duped by such barefaced artifices, and depending on a catalogue of pretended cures (into the truth of which they never give themselves the trouble to inquire), they add to the number of the deceived, and, without regard to habit, constitution, age, or sex, dose themselves with pills, potions and powders, merely on the credit of their fabricated attestations; and at the expense of their health, and danger of their lives, minister to the fraud and avarice of those retailers of poison; the profits of some of whom are so extravagant, as to support them in enormous magnificent town-houses and country villas, splendid equipages, trains of servants, and all the appendages of rank and fortune: though some of these self-created doctors are selected from the lowest of the people, and we are well assured, that one in particular now flourishes in this metropolis, and sits at ease in his own carriage, who a very few years ago was employed in the stable; and driving one of those coaches which ply in the streets for the convenience of the public.

But these pests to society are not content with publishing their miserable insertions in the newspapers, &c., but volumes are daily obtruded on the public which many of the nominal authors are unable to read; by these means they persuade the deluded multitude that the most dangerous diseases are removed, and the most desperate cases cured, by these balsams of life and health, each of which, according to the pompous accounts of those hireling eulogists, possesses all the power of the whole of the materia medica, and is alone sufficient to prolong life to a period of years beyond that which has been allotted to the race of man; and we are sorry to add, that shops of reputation are to be found, base enough to participate in these practices of

infamy, and to share in the price of their fellow-creatures' destruction.

That evils of such magnitude should be suffered to pass unnoticed, and that the lives of such numbers of useful members of society should be thus suffered to be trifled with and sported away, without the interposition of the legislature, in most other instances equally careful of property and life, and still permit poison, in a thousand forms, to be daily administered without check or control, and that no benevolent member of the great councils of the nation should turn his attention to an object of such importance, is sufficient to excite our wonder and astonishment; and still more surprising is it, that the learned body, to whom the practice of physic is legally committed, and whose abilities are as extensive as the powers with which they are invested, should suffer such enormities to proceed....

If we might venture to offer a few hints on a subject apparently of so much consequence, we would submit to the legislature the propriety of creating a public board, composed of the most eminent physicians, for the examination, analyzation, and approbation, of every new medicine, before an advertisement should be admitted into any newspaper or other periodical publication, and before it should be vended in any manner whatever.

To this board those who had made any medical improvement should apply, and state, on oath, the ingredients and composition of the proposed medicine, and the disorders to which it is meant to be applied; and if the members of the board should think it may probably produce the proposed effects, they should immediately underwrite such opinion on the advertisements intended to be published, and under that sanction the medicine should be publicly sold.

That the same board should carefully examine into the truth of all cases and attestations of cures published in support of any advertised medicine, and in case any of them should be discovered to be fraudulently fabricated, to declare the same by public advertisement, in order to prevent the continuance of the imposition; and we may venture to assert, that the members of the College of Physicians would be happy to execute an office so essential to the public benefit, without the smallest view of private emolument.

But we are well aware, that the plan we have proposed is extremely imperfect, and the execution of it in its present form would be attended with many difficulties. We can only plead in excuse for offering it, our zeal to remedy an increasing evil, and our hope, that our humble attempt may induce some much abler writer to suggest a plan, better calculated to answer the important end for which it is designed.—From *The Medical and Physical Journal* (London), June, 1799.

The So-called Sexual Necessity in Man.

Dear Doctor Robinson:—

It may be true that "every man is entitled to intercourse", that morality is a matter of geography, that continence is injurious; but the less these statements are seen or heard the better for the morals and health of virile men both young and middle-aged.

The writer's own experience and that of others whose confidences he has had warrants him in so saying. Such assertions give sanction to men to exercise a function that is kept in restraint with comparative ease if the point of view, the individual's belief, commands the subduing or repressing of carnal lust and if the individual is dominated by said view point; but not easy, indeed hardly restrainable at all if the individual has no such moral point of view and is not dominated thereby. Such statements, as well as the legalizing of prostitution, give sanction to the exercise of a faculty that might easily be kept in abeyance without detriment to the individual and for society's good.

The writer was married when 27 years of age. Up to that time he had been strictly continent, not that he did not have to struggle against natural desires; but his early Biblical training impressed him that the carnal man was enmity to God and that to lust after women was sinful, etc. Those impressions were also confirmed by such books as Dr. John Cowan's "Science of a New Life" and Dr. Dio Lewis's "Chastity", which teachings were accepted as gospel truth. A certain quack book that got into my hands likewise served to confirm such impressions by the recital of the physical evils of masturbation and of the diseases acquired by illicit intercourse. Then, too, a very potent influence on my morals was a visit to a Dr. Kahn's museum, on Broadway. The models I saw there exhibiting venereal diseases in all their horror and nastiness added to my religious moral concepts and indelibly impressed me as a constant warning against such carnal pleasures.

And, by the way, I have learned from other men that that exhibit on Broadway was the means of keeping them in the path of virtue—from fear of the consequences of evil doing, a most potent factor still in restraining the great bulk of humanity.

My early training and beliefs kept me virtuous all my life and somehow even during my married life restrained me from too often yielding to gratification. Since the sickness and death of my wife seven years ago I have had little difficulty in living a continent life, not that I have not felt the charms of certain women; but these old-time impressions have subdued my virile desire to such an extent that I have doubted the wisdom of marrying again. However, I am in all things inclined to be a liberal—in religion, politics, medicine, economics, simplified spelling, etc. (for 20 years I have been arguing the right to limit offspring); indeed, were it not for a balancing amount of conservatism my tendencies are radical. Hence, when recently I read

the modern unorthodox views as to continence and morality, my old-time ideas on said subjects experienced some earthquake-like rumblings, then disarrangement and uncertainty as to where I was at—somewhat “on the fence”, I was. In this state, appeared one of several damsels who at sundry times had almost invited caressing, etc., but without response on my part on account hitherto of moral restraint; but this time, with my old-time “morality” undermined, what a temptation! I intimated above that on account of long practised selfcontrol and suppression of desire and resultant slight sexual manifestations, I doubted the wisdom of remarrying after seven years of continence. But now, just because my ideas, my opinions, had become somewhat less stable, were on the verge of changing, now I was after long years like a virile youth (am now over 46 years) with *feelings* dominant and difficult to control. For days Phallus was dominant, not will, and was dethroned only when my sub-consciousness got busy and reminded me of the teachings of early years. Then somehow I cooled down and felt that I would have lost some selfrespect had I yielded to the imperiousness of the “flesh and the devil.” It’s many years since I lost my Presbyterian orthodoxy, but I found out that I was rooted in the moral principles of that system; and but for that I would probably have yielded long ago to what would have seemed to me a “necessity of man’s nature”. So it seems to all men I came across without these ideas of morality. But with these ideas deep down I have been able all my life to resist the temptations of a nature that could readily regard it a necessity to indulge maritally or not.

A male patient of mine a while ago freely admitted to me that he went every so often to see a woman, that it was a necessity with him. I reminded him that when he was on a surveying expedition in Canada for nine months he had had no such relations, as he told me. Why not nine months or years, again, I asked him? Well, because then he was busy and had no opportunity.

Keeping busy mentally and physically, *along with a conviction of moral duty* to abstain from illicit intercourse, enables a man even with ardent desires to live a continent life without injury to his health. That’s my experience. And as for the contention of impotence resulting therefrom, my own recent experience—with *almost* a lapse from virtue—is an argument against a lessening of virility. Perhaps, like the mammary glands, when occasion requires them to functionate the male organs will be amply ready to do so.

A. B., M. D,

THE MEDICAL GUIDE

Abstracts on Therapeutic Subjects, Interspersed with Diagnostic
Points and Interesting Medical and
Historical Facts.

Oxyuris Vermicularis in Appendicitis.

A case of appendicitis in which *Oxyuris vermicularis* were found on slitting up the appendix after removal is reported by Dr. G. McDonald (*Brit. Med. Jour.*) Two distinct collections of the nematodes were seen towards the base, while at the tip there was a small collection of pus under tension with a small concretion. For eighteen months previously the patient had been treated at home for gastric ulcer.

Paretics Sent to Prison.

Dr. Paul E. Bowers of the Indiana Hospital for Insane Criminals points out (*J. A. M. A.*, Vol. LVIII, No. 11) that many individuals who commit crimes characteristic of the early stages of various mental disorders should be sent to hospitals for the criminal insane instead of receiving severe prison sentences. Their crimes are symptoms of the onset of general paralysis, and other neuroses. As an example he gives the case of a man who was sentenced to prison for a term of one to eight years for stealing \$2.50 from a saloonkeeper, but who was definitely shown by subsequent examination to be in the incipient stage of paresis.

The Treatment of Colon Bacillus Infection.

At a recent meeting of the Medical Association of the Greater City of New York, Dr. Robert Coleman Kemp (*N. Y. Med. Jour.* Nov. 25) gave a detailed report of a remarkable case of general infection with the colon bacillus, with many complications (double pyelitis, cystitis, double pneumonia, purulent bronchitis, two attacks of colitis, and a myocarditis), in which the organism was found both in the urine and in the sputum. The patient, a male, forty-eight years of age, made a final recovery under urotropin treatment. As treatment, Dr. Kemp advised: 1. Urotropin, in ten grains each of urotropin and sodium benzoate, every three hours by the mouth; by the rectum if there was vomiting or coma. After prolonged use, if excessive acidity with irritation, vichy or potassium citrate should be substituted for the sodium benzoate. Subsequently the urine should be regulated so that it would become neutral or faintly acid. 2. Auto-genous vaccination, especially if the infection was chronic or did not respond to treatment. The treatment should begin with 100,000,000 of the vaccine bacilli and should be gradually increased from 300,000,000 up to 1,000,000,000; injecting at first every two or three days and with the larger dose at longer inter-

vals, from four to seven days. 3. Lactic acid bacilli tablets internally. 4. High enemata of 0.001 gram acetozone once a day; later every second day. Dudgeon recommended antibacillus coli serum in doses of 25 c.c., spread over seventy-two hours.

Effect of Tunnels on the Ears.

Dr. Edmund Prince Fowler discusses (*Med. Record*, Vol. 81, No. 15) the effect upon the ears of sudden changes of air pressure in the Hudson tunnels. No harm should result to the normal ear from even greater changes, for the voluntary or involuntarily excited act of swallowing quickly relieves the ear block in such cases. But to those suffering from certain tubal and catarrhal troubles, subjection twice a day to such changes is injurious, for unless the ear blockage is relieved within a few moments retraction of the drum membrane and blocking of the tubes is accentuated. If the walls of the Eustachian tube are abnormally adherent, or if the lumen is narrowed so that the physiological ventilation of the middle ear is prevented, the effect will be greater. Pathological conditions in the middle ear may inhibit or enhance the effect, depending upon whether they interfere with or aid such pressures in reaching the membranes in the external labyrinthine wall. The common practice of blowing forcibly into the nose, upon sudden increase of pressure, may work great harm. In many cases the following method of middle ear inflation is recommended: While the nostrils are tightly closed by pinching them together at their free borders, gently increase the air pressure in the nose by attempting to expire wholly thru the nose, and, while maintaining this increased pressure, swallow. The result will be the inflation of both middle ears. Until familiar with this method of inflation it is well to take a full breath beforehand. Anyone with ordinary muscular control can easily learn this procedure.

Sunlight in Skin Diseases.

Warts, superficial moles and small non-malignant growths may be removed by focusing direct sunlight on them thru a convex lens of plain glass. Such focusing produces destruction of the skin and, if used with great intensity, gases form beneath the skin and small explosions occur. If the light be reflected by a concave mirror and thus be focused this does not take place, altho blistering is readily produced. If the focused light is passed thru blue glass blistering is produced without destruction of the deeper layers of the skin. Dr. J. W. Kime now reports (*J. A. M. A.* Vol. LVIII, No. 13) that if a wavy opalescent glass is used instead of plain blue glass, after the sunlight reflected from a large condensing mirror is passed thru this glass, neither blistering or destruction of the skin takes place, but a blanching, as in frozen specimens. The wavy glass transmits

the light in an irregular manner and produces results very different from the plain. He has found it very effective in lupus and in vascular nevi, even of large extent.

Bloodless Bloodletting.

Finding accidentally while examining the blood-pressure of an elderly man that the patient felt great relief when the cuff was left on his arm longer than usual, Dr. S. Lilienstein (*Med. Klinik*, Vol. VIII, No. 8) tried the experiment of applying four manometer cuffs, one to each arm and leg, and pumping air into them until the radial pulse became imperceptible. The heart thus has to work only with the blood left in the trunk and has an opportunity to recuperate. Nine cases of arteriosclerosis with myocarditis or mitral insufficiency or cardiac enlargement were benefited. The patients enjoy marked relief, the heart murmurs are modified, dyspnea, headache and vertigo disappear. In none of the cases did the symptoms afterwards reach their former height. Nervous and hysteric heart troubles, on the other hand, are not affected. The compression of the limbs is maintained for two or three minutes and the procedure repeated four or five times. Contra-indications are a tendency to thrombosis, and edema or varices in the limbs.

Minor Degrees of Thyroid Deficiency.

Dr. Heinrich Stern points out (*Am. Med.* Vol. XVIII, No. 3) that minor degrees of thyroid deficiency produce conditions less pronounced than those of myxedema. The symptoms he attributes to this cause are a dry and rough skin, defective nutrition of hair and nails, bleeding of gums, general lassitude and decline of body temperature at irregular intervals. These symptoms are aggravated in cold, decidedly ameliorated in mild weather. Premature baldness, when not traceable to fevers, syphilis or any obvious local cause, he attributes to thyroid deficiency, and reports surprisingly good results in thyroid therapy of falling hair, also of interstitial gingivitis. He uses a modified form of thyroid, adding arsenic in the form of sodium cacodylate, for the reason that the human thyroid contains sixteen times as much arsenic as that of the sheep, and adding epinephrine to overcome the heart depressant effects of thyroid, in order to permit of its administration for protracted periods. The unit of the thyroid compound which he employs is:

Dessicated thyroid gland substance. . .	gr. 1
Epinephrin.	gr. 1/60
Sodium cacodylate.	gr. 1/200

Of this, for falling hair he uses from one to two units three times a day for not less than from eight to ten weeks. For interstitial gingivitis, three to nine units per day for from six to fourteen weeks.

Dr. H. French also contends (*Clin. Jour.* Vol. XXXIV, No. 21) that, short of actual myxedema or cretinoid conditions, there is a wide field of less severe symptoms due to minor degrees of hypothyroidism. Among these he enumerates children backward in walking or in talking; many children suffering from nocturnal enuresis; stout sterile women of childbearing age; women who become very stout at or about the menopause; sufferers from certain functional nerve symptoms, especially exaggerated subjective sensations of acroparesthesia, after the menopause; and one type of tic douloureux.

Suprarenal Extract in Cardiac Dyspnea and Dropsy.

Dr. J. C. Voigt discusses (*Brit. Med. Jour.* No. 2671) the administration of suprarenal extract in cardiac cases in which dyspnea and dropsy are prominent symptoms and reports good results. He almost invariably found the quantity of urine increased and the dropsy at least temporarily diminished by the treatment. In all, more or less severe dyspnea was relieved, sometimes by the hypodermic injection of from 5 to 15 minims of the 1 in 1,000 solution of adrenalin, in other cases by a 5 grain tablet of the suprarenal gland substance given by the mouth. When the dyspnea was not very severe, the dose of adrenalin solution injected hypodermically was from 5 to 10 minims (1 in 1,000 solution) and the 5 grain tablet of the gland substance was halved for each dose by the mouth.

Reliability of Post Mortem Wassermann Tests.

It has been claimed that the occurrence of the Wassermann reaction shortly before or after death does not prove syphilis because other serious diseases produce changes in the blood serum which may cause it to give the reaction. For this reason, it has been contended especially by Luksch, a pathologist was not justified in diagnosing syphilitic changes merely because the Wassermann reaction was positive in the cadaver, and likewise the physician must not rely too readily on a positive reaction in the presence of serious illness other than syphilis. Dr. J. P. Candler and Sydney A. Mann therefore present (*Brit. Med. Jour.* No. 2671) their results with the Wassermann reaction as applied to blood serums and cerebro-spinal fluids obtained post-mortem from cases of insanity at the London County Asylum. Their conclusions, based on 112 cases, are as follows: While reactions on the blood and cerebro-spinal fluid removed from the cadaver before decomposition has commenced will give reliable results, decomposition may alter the reaction, as may also a terminal microbial infection. This change, however, is not confined to the alteration of a negative to a positive result, but may alter a positive into a negative. Decomposition may similarly influence the result of the tests on fluids and serums removed during life. To ensure reliable results on post-mortem material it is, therefore,

necessary to remove the cerebro-spinal fluid and blood as soon as possible after death. The serum should be separated and inactivated at once, and the cerebro-spinal fluid should be carbolized, unless the test can be made the same day. The same applies to the preservation of material removed from the living.

Hypersensitiveness to Mercury.

Dr. D. W. Montgomery, San Francisco (*J. A. M. A.*, March 23), gives a history of a patient, a stout, full-blooded man, with possibly an hereditary tendency to eczema, which modified his specific symptoms, who was treated by injections of salicylate of mercury. This caused severe dysentery and he reported that he had been treated in the same way previously with the same results and that the same occurred after a course of mercurial rubbings at Hot Springs, Ark. Slighter grades of this symptom of mercurialism are not so very infrequent, but exaggerated cases like the one reported are rare. The salicylate of mercury is not altogether insoluble, tho less so that the bichlorid, and it acts less harshly on the tissues, not being followed usually by scarring and abscesses. The lesser insolubility also allows larger doses to be given. Montgomery speaks of the possibility of overtreatment of syphilis causing loss of resistance by impairing the efficiency of the natural antibodies. While opium is the correct drug for treating mercurial colitis, he says he rarely uses it because he believes it counteracts the action of sublimate. On the whole, he regards mercury as a safer remedy than salvarsan and that when both are used the greater reliance should be placed on mercury.

Dangers of Potassium Iodide in Arteriosclerosis.

Dr. A. Martinet reports (*Press Méd.* Nov. 11) four cases, with diagrams, showing that potassium iodide is contraindicated in cases of arteriosclerosis where the arterial hypertension is accompanied by abnormally low viscosity of the blood, a heart without reserve force, insufficient kidneys, or when a tendency to hemorrhage is present. In such cases there is constant danger of uremia and cerebral hemorrhage. The inversion of the normal proportion between the arterial tension and the viscosity of the blood is a sign of blocking of the kidneys, and is aggravated by potassium iodide.

Crime In Youth.

Dr. G. Sykiotis comments (*Grèce Méd.*) on the increasing number of youthful criminals in Greece and other countries. The majority of criminals are young, he says, and they must die off young, as the reason why there are so few criminals of 40 or over is certainly not because they have all reformed by that age. Hence it is concluded that they succumb early to the vicissitudes of a life of crime.



What is Marriage Without Children?

By W. B. Clark and The Editor.

William J. Robinson, M. D.,

In the March number of the *CRITIC AND GUIDE* one of "The Three Most Important Measures for Improving the Human Race" is that people should be taught the proper means of preventing conception.

This makes me wish to ask your opinion as to why people should ever be married unless for the pleasure, duty, or however they may look upon it, of having children.

They cannot marry for the sake of having at hand the means of sexual intercourse, since no man or woman can in nature carnally desire the same person for more than a comparatively short time.

They cannot marry for companionship, since, with the rarest exceptions, no woman's mind can, without the blindness of sexual attraction, be of any value to a masculine mind which is not effeminate.

But minds widely separated in general may unite in a common interest, as a man and a woman in loving and caring for a child. How else can even proximity of the sexes be permanently endured?

Therefore it seems as if all marriage should at least intend to lead to having children, and that, if there is no intention or desire to have children, there should be no marriage.

I hope for, and await, information from you.

Very truly yours,

WM. B. CLARK.

19 West Boulder St., Colorado Springs, Colo.

To the above letter I answered as follows:

MR. W. B. CLARK,

Colorado Springs, Col.

Dear Sir:

I fear you haven't read my editorial carefully and therefore you have not really merited an answer, but I will answer you briefly just the same.

Is there no difference between having one or two children and having nine or eleven or fifteen? My advocacy of the prevention of conception very decidedly does not mean that people should have *no* children, but only that they should have only as many as they want and when they want them. And I do not believe there is one couple in five hundred who do not

want to have one or two children. What I am against is that damnable enforced motherhood which crushes the life and spirit out of the mother and very often brings the family to the brink of poverty and starvation.

Nor is it true that a man and woman cannot remain happy and loving without children. Some of the most loving couples that I have known were entirely childless, not voluntarily so but on account of some defect in either husband or wife, but the fact of having no children did not diminish their attachment for each other. On the contrary it seemed to increase it.

As to your statement that no woman's mind can, without the blindness of sexual attraction, be of any value to the masculine mind that is not effeminate—well, I will not answer this. I will simply leave you to the mercy of the suffragettes.

And here is Mr. Clark's reply:

As I have lent the copy containing the editorial in question I cannot at the moment see what you are probably right in saying I might have seen there. But I remember clearly enough that I took, or mistook, "prevention of conception" to mean total prevention. I admit that I had no right to take it so, but I think I did so take it because I find so many men practising that total prevention, to which circumstance I believe a large proportion of the enormous number of divorces nowadays is due. Having many younger marrying, or married, friends, I am often (relatively for a private person) asked about the matter. I always urge that there be at least one child as early as they can produce it, and that they do not marry until they are financially able to take care of a child.

I admit that many childless couples are loving and happy, but only so somewhat late in married life, and for various special reasons, but they are exceptions nevertheless. These reasons may be: having had children who died, sympathy with each other in longing for children, loyalty to the defective one, lack of passionate nature, lack of objection to the safety valve of masturbation, lack of energy or courage to break up what would be an intolerable situation to stronger persons, or, finally, just decent loyalty to a contract.

I am certainly cowed by the threat of being handed over to the suffragettes. I have never, to my knowledge, known one (pray God, I never shall!), but the conception of them is enough to make me behave.

In retaliation I warn you that, for your efforts to prevent elephantiasis of families, I may turn you over to the tender mercies of our gentle and popular ex-president.

One question—is a childless woman who is old enough to bear children ever as interesting or fine as a woman who has, or has had, children? I do not pretend to explain the difference or the reasons, if there are such. Hoping you can, I am

Very truly yours,

W. B. CLARK.

Proprietary Remedies from the Retail Druggist's Standpoint.

New York, April 16, 1912.

Dr. W. J. Robinson,

Dear Doctor:—Enclosed please find check for subscription to CRITIC AND GUIDE. For one reason or another, I have failed to subscribe before, for which I am sorry as your magazine is really original and vigorous.

Now, if you have a little time, I will presume to quarrel with some of your arguments and humbly offer a few suggestions myself.

You are taking a stand in the matter of proprietary articles which is untenable and unbecoming a man of your courage and ability. With great ability, worthy of a much better cause, you are taking up the cudgels for some proprietary preparations, as being ethical, etc., against others, which you brand as frauds. Now, doctor, it is pretty difficult to make a choice between a lot of rotten eggs. Some are more, some are less. There is only a step from the sublime to the ridiculous and there is only a step from the so-called ethical preparations to the nostrum. Commercialism pure and simple is the excuse for most of them. And you physicians, clever and simple, able and otherwise are being used by the manufacturers as catspaws to pull the chestnuts out of the fire. You are emphasizing a great deal the fact that ethical preparations are advertised to physicians only, and not to the laity. Now, doctor, speaking from the standpoint of an experienced druggist, let me tell you that this ethical advertising of the manufacturers is only a subterfuge. It is intended to reach the laity indirectly and the proof of it lies in the fact that these preparations are amongst the best selling "patent" medicines to-day. Let me enumerate a few: Sal Hepatica, Glyco-Thymoline, Listerine, Antiphlogistine, Gude's Pepto-Mangan, Hemaboloids, Liquid Peptonoids, Colchi-Sal, Gray's Glycerine Tonic, Fellow's Hypoph., etc. Ask any up-to-date, experienced business druggist and he will tell you that the best selling "patent" medicines to-day are those that are advertised to physicians only. Is that proof of my assertion or is it not?

S. KOPALD.

680 Morris Park Ave., Van Ness, N. Y.

[No, certainly not! See Editorial in this issue.]

Sexual Problems.

My dear Dr. Robinson:—

Received the copy of "Sexual Problems of To-day" and at once proceeded to devour it, as I do all the publications I receive from your office. I want to congratulate you on this book. It certainly puts matters plainly before the doctors, and also can readily be understood by the laity.

To my mind the idea that regulation of pregnancies would cause a great calamity in this country is absolutely foolish. I have been a medical examiner in the public schools of this city

for past four years and I certainly see the results of large families there, especially among the poor. One child was sent to me today by his teacher. He is 10 years old and only in the second grade (or "first reader"). He has adenoids, tubercular glands of the neck, has an opacity of the cornea on the left eye, the result of a scar, probably from ophthalmia neonatorum. The nurse has investigated this family and gave me the following history. The father is 42 years of age, laborer, making \$1.75 per day when he works. The wife is 39. The oldest child is a girl of 18. The couple had to be married, or at least they thought so, for the wife was 21 when the child was born (7 months after marriage). The next is a boy 17 years, then there are twins 15 years, then a girl who will be 14 this month. Now all these children are working, and none got above the 5th grade in school; then there are five more at home, three of whom go to school and two are too young. They live in three dark rooms in a tenement, in a very unsanitary neighborhood. Two of the children have been before the juvenile court several times for different little crimes. The court released them on probation, on their mother's plea that they help in the support of the family. I also understand that she shortly will have another, which will be attended to by some good maternity society, which furnishes the nurse, doctor and everything needed. Needless to say that this family is a good (?) Catholic one.

The above case illustrates clearly that some knowledge should be imparted to that woman, but how she would take it, I don't know, as she goes to confession every Saturday night.

One more case and I will close. There are some conscientious young men left in the city, for one came to me about three weeks ago, stating he was going to be married the second week in June, and that he had had gonorrhea and had been *doctored* by his family doctor, who told him he was all right, but as he felt a little moisture at times, he wanted to be absolutely sure. I made a microscopical examination, and found hundreds of the gonococci present. He immediately put himself under treatment and to-day, after the most careful examination, I told him I could not find a gonococcus. Maybe he wasn't a happy young man, but I told him he *must* come back each week between now and the "fatal day" and I would continue the hunt. He was honorable enough to tell his future father-in-law all about his condition and, of course, there was an awful storm. His fiancée was also told, and she stood bravely by him. That man is worthy of a good wife which I think he is getting.

Excuse me for taking up so much of your time, but I just felt that I had to write a letter to you: somehow or other my views coincide exactly with yours. Again congratulating you on your book,

I am fraternally yours,
Cincinnati, O.

EDWARD H. MOSS, M.D.

The Sex Question a Vital One.

Editor of The CRITIC AND GUIDE:—

I have been reading The CRITIC AND GUIDE with much interest, especially the articles on Sex matters. We need a live Journal to discuss that subject, which has so long been covered up by false modesty. I am pleased to notice that all the buried phases of sexual life are now being openly discussed by men and women of moral and intellectual characters. The social evil and white slavery have been taken up by some. See "House of Bondage", by Reginald Wright Kauffman; articles in McClure's Magazine by Jane Addams, and others. Many books are also being written and published upon sexual matters.

Almost all the evils connected with sexual matters are the result of ignorance and a false modesty. A better education of the young in sexual life will tend to remedy most all these evils. All the evils are not outside the marriage relation either. Many women are held in a worse state of bondage inside the marriage relation than many prostitutes without it. The whole subject of sex education of youth early in life, the marriage relation, divorce, prostitution, etc., needs a general agitation and discussion in a decent manner.

As to continence, I really believe that while continence is not the normal condition for natural man or woman, yet it is better than illicit sexual connection, especially for the young—that is, it is safer. But where a moderate amount of sexual life can be had between men and women who are mutually attracted toward each other, whether married or not, provided they are free from disease, then such a life is far better than a life of strict continence. But I think that sexual relations to be beneficial must be mutually agreeable and pleasant to both parties, which is not the case when indulged in with public women as most of them are only passive agents. The same is true often in the married state also.

I think the time will come when men and women will be sexually free, that is they will be free to use their sexuality as they please whether married or single, but never in compulsion and never unless mutually fitted.

RUSSELL TRUITT, M.D., Cottonwood, Idaho.

Dear Dr. Robinson:—

Enclosed find \$2.00 for your book, "Sexual Problems of To-day". I am in favor of limitation of offspring, the most important immediate step for the betterment of the human race. I want the book for friends. I am eighty-five years old, but I like a man that takes a bold stand and sticks to it. Hope you will live long and prosper.

Respectfully yours,
A. D. CLARK, M. D.

Rayville, Mo.

MISCELLANY

For THE CRITIC AND GUIDE.

The Man Beast's Fool.

She has yielded again to the nameless sin that came in the law's
strong voice,
And left her stricken and shamed within but shorn of all word
or choice.

She has yielded her body and will and soul to the call of a
primal brute—
For a clod that is female must pay the toll and the child is
the bitter fruit.

She has suffered again, with a dog's dumb pain, while her heart
like a dead thing bled,
For each stupid love she has known was vain—the babes she has
borne are dead.
She would shield, if she could, those as yet unborn—aye, spare
both herself and them,
For births and deaths are but things forlorn where the fates of
the blood condemn.

She has shuddered and yielded and turned away dull brained
to her misery,
To drag once more to the coming day of a man beast's paternity.
She has added one more to her penance beads—one more to the
prayers she tells—
For the burning pyre of one's fleshly needs asks less than one's
soul fed hells.

She is only a clod in a female mold—the wife of a primal brute—
Who must yield to a law to all justice cold—with a child for the
bitter fruit.

She is butt and jest of a "nature plan"—butt, jest, aye, and
sordid tool,
But deep in her breast she has sensed the MAN—and she weeps
for the man beast's fool.

LURANA SHIELDON.

Haste Unnecessary.

The minister of a certain parish in Scotland was walking one misty night thru a street in the village when he fell into a deep hole. There was no ladder by which he could make his escape, and he began to shout for help. A laborer passing heard his cries, and, looking down, asked who he was. The minister told him, whereupon the laborer remarked, "Weel, weel, ye need n'a kick up sic a noise. You'll no be needed afore Sawbath, an' this is only Wednesday nicht."—*The Argonaut*.

Two Rooms and a Bath.

When we are truly civilized the minimum demand for each grown person will be two rooms and a bath.

Every human being should have a separate bedroom, clean, airy, quiet; a place for absolute privacy and repose.

Every human being should have another room for that dual privacy which is almost as essential—a place in which to receive a friend.

And every human being should have a bathroom, for cleanliness, health and comfort.

If one's work is done alone, as with a writer or painter, a third room must be added, "studio" or "study": one's workshop. But the rest room and the guest room remain the minimum necessity for each of us.

Expense? There is land enough, labor enough, and material enough.

CHARLOTTE PERKINS GILMAN, in *The Forerunner*.
With all of which we most heartily agree.

The Adventure of a Thermometer.

A nurse was taking the temperature of a patient. He dropped asleep with the thermometer in his mouth and swallowed it. The nurse was scared and said nothing of the occurrence. Thirty-six hours later the thermometer passed out of the patient uninjured, registering 104 F. This is not a story but a fact and is related in the *J. A. M. A.* for December 2, 1911.

Her Face Doesn't Please Her.

The young woman sat before her glass and gazed long and earnestly at the reflection there. She screwed up her face in many ways. She fluffed her hair and then smoothed it down again. She raised her eyes and lowered them; she showed her teeth and she pressed her lips tightly together. At last she got up, with a weary sigh, and said:

"It's no use. I'll be some kind of reformer."

—*Chicago Record-Herald*.

"Natural evolution of man had begun when the first ameba failed to reach the morsel of food that was grasped by the pseudopodium of his more able brother, and it will continue to regulate man's destiny on earth without appreciable modification until the end."

We do not remember who said this, but is it really so? Too fatalistic to suit me.

When a resolute young fellow steps up to the great bully, the World, and takes him boldly by the beard, he is often surprised to find it come off in his hand, and that it was only tied on to scare away timid adventurers.—O. W. Holmes.

"Received your splendid little book, 'Never Told Tales,' yesterday, and never stopped reading until I finished it. All I have to say is this: If your personal influence in this life is as great as your pen-and-ink influence, I would like to see every man of authority a Dr. Robinson."—Dr. J. B. WILKINSON, Sebring, O.

—"You are doing a grand work. I've placed a number of 'Never Told Tales' among young men and women, and hope to show 'em some light on dark places."—Dr. E. K. ANDERSON, St. Charles, Iowa.

Editor of the CRITIC AND GUIDE:—I have retired from the practice of medicine, being now 78—in all probability will retire from life before another year rolls around—but I still read the CRITIC AND GUIDE altho my eyesight is getting bad.

J. MORLEY, M. D.
Belle Plaine, Iowa.

—"I happened to look thru a few copies of The CRITIC AND GUIDE at the house of a friend, and I found them to be so consistent with humane ideas and sound logic that I consider it a pleasure and special privilege to subscribe."—I. WALTER, M. D., South Bethlehem, Pa.

—"I have been so much impressed by a sample copy of The CRITIC AND GUIDE that I certainly feel I ought to enrich my library with its immensely valuable and enjoyable articles."—S. E. GHAREEB, M. D., Grand Rapids, Mich.

—"In these days of autocracy and bureaucracy in medicine, the noblest of all professions, it is refreshing to know that the torch of rationalism is not yet extinguished, and that The CRITIC AND GUIDE stands for all that is good and pure in the life of man and nations. If good wishes would prolong your life to continue the great work in which you are engaged, I can assure you that you will reach the centennial mile-stone in the journey of life."—T. J. BOWLES, M. D., Muncie, Ind. [Thank you. Let me first reach the semi-centennial mile-stone.]

—"I value The CRITIC AND GUIDE highly."—C. L. FISH, M. D., Wells-ville, N. Y.

Editor CRITIC AND GUIDE:—

I read Mr. E. C. Walker's "Survival Of The Fittest in Modern Civilization", in April number of The CRITIC AND GUIDE, with much interest.

But Mr. Walker accepts deductions from previous premises, not mentioned, and arrives at logical conclusions—as most writers do when dealing with this and other scientific subjects.

The principle underlying all of these conditions should not be overlooked by the sociologist: That each individual, plant or animal, including man, is an effect produced by causes over which it had no control, and is, therefore, irresponsible for its individual acts or the course of its life.

Ergo: man thruout each moment of his existence is the continuous chain of effects, produced by causes over which he has no control, and, is, therefore, irresponsible for his individual acts on the course of his life.

I am aware that your space is limited, but, to the logician, the mere statement of a proposition is sufficient.

J. L. MINTON, A. M., M. D.
Fortescue, Mo.

—"Inclosed find some of the 'necessary evil' for amount of which I want another copy of 'Never Told Tales' as I have a friend whom I wish to save from H— and Billy Sunday; also a first class passage "upper Berth" in The CRITIC AND GUIDE for one more year. Your April number is a *hummer*. It's worth a year's subscriptions alone. Where can one find such articles as: 'Survival of the Fittest,' by Walker, 'Salvarsan and the Newspapers,' 'Influence of Sex on Human Life,' etc. etc."—SAMUEL RAGENDORF, Cincinnati, O.

—"I have enjoyed reading your "Sexual Problems of To-day" very much. I am inclined to believe very much the same regarding these questions of social-sexual life, and their results as they are affecting the welfare of our race in this country to-day. Much work is required to arouse sentiment among the people for legislative enactments. —NATHAN A. MONROE, M. D., Syracuse, N. Y.

It matters not to how many journals you subscribe: The "Critic and Guide" is so different, so unique, occupies a field so entirely its own, that you cannot well afford to be without it.

THE MEDICO-PHARMACEUTICAL

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH. G., M. D., EDITOR.

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The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

The Editor is responsible for his own opinions only. He always tells the Truth or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth
Than never to tell the truth for fear of making a mistake.

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No. 7.

EDITORIALS AND EDITORIALETTES

PENCIL SCRATCHES FROM THE ATLANTIC CITY MEETINGS.

Once in a while the weather is nice in Atlantic City and this time the weather was really magnificent. The Apollo Theatre, in which the general meeting took place, was packed to its utmost capacity. Not only was every available seat taken, but the standing room was also utilized to an uncomfortable extent.

THE INVOCATION.

The meeting of course opened with an invocation. It was not made, however, by Cardinal Gibbons, as had been announced, but by Rev. McShane. And now here I want to ask a little question. I wanted to ask it ten years ago and nine years ago and eight years ago, and so forth, but I postponed it. But now I will postpone it no longer. I will ask it even if asking it absolutely destroys my chances of ever becoming president of the American Medical Association. I will not ask it loudly, I will just whisper it. Isn't it about time that we gave up the slightly absurd custom of opening our national medical conventions with prayer? What has medical science to do with prayer? What have people who claim to be scientists, and who are supposed to have imbibed to some extent the great principle of cause and effect, to do with invocations before the opening of a scientific session? This year the invocation was particularly incongruous in view of the fact that the new President of the Association, Dr. Jacobi, is a freethinker and radical from away back.

WOODROW WILSON.

But to proceed. The first speaker after the invocation was the Mayor of Atlantic City. He spoke for a few minutes and said nothing. The best part of his speech was its briefness. The next speaker was the President of the State Medical Society of New Jersey, but I could not hear what he said. The next speaker was Woodrow Wilson, the Governor of New Jersey, and I am glad to say that I listened to his speech with both pleasure and interest. I was glad to see that we have at least one governor who is not just a politician but a man of culture, and who is familiar with the problems which agitate modern society. There is no doubt that Wilson is not only a man of culture and education, but also a man who does some independent thinking.

DR. JACOBI'S ADDRESS.

And last but not least came our good, youthful, buoyant friend, Dr. A. Jacobi. His eighty-two years and four weeks seem to sit lightly on his shoulders. He was in good spirits and in good voice. Some thought he spoke too long, but as he said, he would speak as long as he pleased, as he had been waiting eighty-two years for the chance. The gist of his address was his favorite topic, of which he has been speaking for the last sixty years, namely the combatting of infantile mortality. But we were pleased and happy to hear him say a few good words in favor of our own hobbies.

It is certainly the very first time that a President of the American Medical Association dared to say a word in his presidential address in favor of the limitation of offspring. Here is the paragraph in which Dr. Jacobi speaks unequivocally, tho in guarded language, in favor of this most important measure for the improvement of the human race:

"Is there no way to prevent those who are born into this world from becoming sickly both physically and mentally? It seems almost impossible as long as the riches provided by this world are accessible to a part of the living only. The resources for prevention or cure are inaccessible to many—sometimes even to a majority. That is why it has become *an indispensable suggestion that only a certain number of babies should be born into the world*. As long as not infrequently even the well-to-do limit the number of their offspring, *the advice to the poor—or those to whom the raising of a large family is worse than merely difficult—to limit the number of children, even the healthy ones, is perhaps more than merely excusable*. I often hear that an American family has had ten children, but only three or four survived. Before the former succumbed they were a source of expense, poverty, and morbidity to the few survivors. *For the interest of the latter and the health of the community at large, they had better not have been born.*"

The second one of our hobbies which Jacobi touched upon

in his address was the demanding of a certificate of freedom from venereal and transmissible disease before matrimony. Here is the most important paragraph on this point:

"Consumptives and epileptics and semi-idiot are permitted to propagate their own curse, both what is called legitimately and illegitimately. Human society should have pity on itself and on its future. *The propagation of its degenerate, and imbecile, and criminal should be prevented.* We have no positive laws yet for the syphilitic and gonorrheic *who ruin a woman's life, deteriorate her offspring—if she have any—and impair the human race.* We have come to this: that half of us are obliged to watch, and nurse, and support the other half, *most of whom should never have been born.* In morals and in money the degenerate are an expensive detriment. The only protection for the nation, for mankind, is to assure a healthy, uncontaminated progeny. Strict laws are required to accomplish that; such laws as will be hated by the epileptic, the consumptive, the syphilitic and the vicious. No law ever suited the degenerates against whom it was passed, and it is unfortunate that while disease and incompetency and vice are to a high degree hereditary and contagious, moral health and virtue are not so to the same degree."

Several other references in the address testify distinctly to Dr. Jacobi's early training, that of a Socialist and revolutionist. Thus, he did not at all speak very respectfully of our army and navy, and he actually seemed to think that soldiers, marines and wars are not only unnecessary but distinctly detrimental to the race. I cannot refrain from quoting one more paragraph:

"Modern industry reduces the vigor and vitality of men, and woman and child labor exhausts the mothers and fathers of the future and present generations. Millions of men are prevented from contracting a marriage by pecuniary want and the impossibility of satisfying their sexual hunger except with prostitutes. That is true not only with regard to factory hands, clerks and employees generally, but to the picked men of the people. Army and navy, the millions of soldiers and marines of all the nations of the globe, whom we are urged by our self-styled leaders to imitate, withdraw the vigorous men from natural modes of living, labor and propagation, and prevent them from marrying in time; and wars, the cynosures of our coarse politicians who take the places that should be filled by statesmen, kill and cripple and deteriorate the best muscle of the land and tempt them into perdition. Only the 'weaklings' are left—and their offspring! It is sad to contemplate the short-sightedness of our loud-mouthed leaders and their heelers, and of the people who elect them to rule over us."

Besides the many excellent things that Dr. Jacobi's address contained, there is one thing that it did not contain that excited as much attention as did the things that it did contain, if not more so. Everyone of the presidential addresses during the past

few years contained a high eulogy of the great work and excellent services, etc., etc., of Dr. Geo. H. Simmons. Dr. Jacobi's address was strangely silent on this subject, just as if Dr. Simmons was not the real owner of the A. M. A. and the J. A. M. A., in fact just as if he had no existence. Dr. Jacobi's address was met with very generous applause, and after some good music this part of the program was over.

THE PRESIDENT'S RECEPTION.

The principal social event of the week, the President's reception, was a great success from every point of view. The large ball-room on the steel pier was crowded as never before, each one wishing to do homage to and shake hands with Dr. Jacobi. It was feared that "the old man" would find it difficult to stand on his feet for over two hours, shaking hands with hundreds and hundreds of people, but he did not seem to mind it a bit. He was lively, cheerful, and had a pleasant smile and a clever word for everybody. I asked him how this compared with a Prussian state prison fifty-nine years ago, but he only smiled. The ex-Presidents John B. Murphy and William H. Welch were on the stage with Jacobi to help him in the reception, but for the first time, to our knowledge, Dr. Geo. H. Simmons was *not* there—which fact was commented on widely and variously by those present.

THE EXHIBITS.

The commercial exhibit seems to be getting smaller every year, which is a great pity, as it is one of the most interesting parts of the meeting of the A. M. A., and has always been a great drawing card to physicians. I am quite sure that if the commercial exhibit should be given up altogether the attendance at the meetings would fall off considerably.

The scientific exhibit this year, however, was better than ever. Among the many very excellent features the most interesting was the exhibit by Dr. Emanuel Libman of Mount Sinai Hospital, New York, of numerous specimens of "subacute bacterial" endocarditis.*

THE EDITORS' BANQUET.

The Banquet of the American Medical Editors' Association on the Monday evening preceding the opening of the A. M. A. meeting was, as usual, one of the most pleasant and enjoyable events of the week. Walter M. Brickner makes a unique toast master. He is certainly a genius *sui generis*. His burlesque letters of regret from Taft, Teddy, etc., kept the people roaring. One of the speakers whose name was not down on the program was no less a person than Dr. Jacobi. He came in towards the end, was very warmly greeted, and made a very neat, felicitous speech. I oughtn't to tell this, because it might make him *persona non grata* with Dr. Simmons and some other Chicago gentlemen. For some reason or other the American Medical

* Later: Dr. Libman was awarded the gold medal for his exhibit.

Editors' Association is one of Dr. Simmons' pet aversions. He never mentions its meetings in the J. A. M. A., tho the place and date of meeting of every other medical association is constantly printed in the journal, and to have the President of the Association grace with his presence the Editors' banquet is enough to give a pain in the side to some of our bureaucrats. I do hope that Dr. Jacobi will prove a real *enfant terrible* in the presidential chair, and will do just what *he* thinks, and not what somebody else thinks, is right.

Oh yes, another thing he did which has met with the severe disapproval of some Chicago gentlemen. He gave copies of his address to the New York Medical Journal and the Medical Record, and they appeared in those journals simultaneously with the J. A. M. A. as original articles. In former years they used to appear there by the courtesy of the editor of the J. A. M. A. and the last year or two they did not appear at all, but this year they appear without Dr. Simmons' permission, which is of course very sad. To see the President's address as an original article in those "fraud promoting, nostrum-subsidized", etc., etc., journals is certainly tragical, but I guess we'll survive it.

A SUPERABUNDANCE OF COMPLIMENTS.

To hear the same thing over and over again becomes tiresome, no matter how pleasant it may be. "I enjoy THE CRITIC AND GUIDE", "You have a great little journal", "It is the best journal that comes to my desk", "It is the only journal that I take home to read to my family", "You are the only editor who dares to say what he thinks", "You certainly have lots of courage", "Of course I do not agree with all you say but nevertheless——", etc., etc., etc. Those and similar sentences I had to hear hundreds and hundreds of times. Hardly a doctor was introduced to me who didn't consider it necessary to say something about the "great little journal". At first it was pleasant music, but as even the Barcarole from Hoffmann's Tales may begin to pall on you, so did those compliments in the end. But I was glad to see nevertheless that the little journal is making an impression. It is being read by friend and enemy alike, and that is something.

THE BADGE.

The button or badge this year was the ugliest ever. He who is responsible for it, should be made to take a course in art.

I suggest, and I charge nothing for the suggestion, that next year's button be a miniature portrait of Dr. Jacobi, the well-beloved.

CANDIDATES FOR THE PRESIDENCY.

As future candidates for the presidency of the American Medical Association I suggest the following: S. J. Meltzer, New York, S. Solis Cohen, Philadelphia, and Richard C. Cabot, Boston. All three are thinkers, and original thinkers (tho in different directions), and that is the kind of men we want in the presidential chair.

IS THIS SUFFICIENTLY DRASTIC?

I will go Dr. McCormack one better. Here is mine.

I suggest that anybody *who edits, publishes, contributes to, subscribes for, or receives free or as an exchange, or has in his possession—either about his person or on his desk—a medical journal which carries the ad. of a single preparation not approved by the Council on Pharmacy and Chemistry, should be summarily expelled from the American Medical Association.* Should this not prove a sufficiently drastic deterrent, then the culprit should be deprived of his license to practice. A term of imprisonment might be considered later on.

But I would make all these punishments retroactive. How is that?

WHY SO MANY RESIGNATIONS?

During the past year 299 members of the A. M. A. died, 500 have been dropped as non-eligible, 987 have been dropped for non-payment of dues, and 1301 *have resigned.* The dead, the "non-eligible" and the poor could not help themselves, but why such a large number of resignations? Is it possible that the A. M. A. is not giving its members their money's worth? Or are the continuous attacks and squabbles and the conviction among the rank and file, that the Association is run by a clique, beginning to have their effect? *Quien sabe?*

THE MEDICAL EDITORS' ASSOCIATION.

Really and truly it is time that some life be put into the American Medical Editors' Association. If the Association is to amount to anything and to *command respect*, some vitalizing spirit must be breathed into its nostrils. We must invite only such people to read papers as have a vital message to deliver, for with all due respect the vast majority of papers read are nothing but platitudinous punk. It is much better we should have only a one day's session at which three or four good papers should be read than to have two days' sessions with a dozen or two utterly insignificant addresses. Perhaps the newly decided upon Journal of the American Medical Editors' Association, of which Dr. H. Edwin Lewis of *American Medicine* will be chief editor, will serve to strengthen the Association and add some new life to it.

PREVENTION AND ABORTION.

It's no use. You cannot fight stupidity and you cannot hope to remove all erroneous ideas, to overcome all misapprehensions. Time and again I have spoken and written that one of the reasons why I so persistently advocate the prevention of conception is in order to *obviate the terrible evil of abortion*, which makes invalids of and drives to premature graves thousands and thousands of women. And still one well-meaning, undoubtedly sincere, but careless and misinformed gentleman got up at Atlantic City and stated that I advocated abortion. Yes, it is useless to attempt to contradict all the falsehoods, for "against

stupidity the gods themselves fight in vain", and a lie travels much faster than the truth.

If you are not a clam, if you are an active worker, if you have an individuality of your own, and if you are not afraid to say what you think, you must make up your mind beforehand that besides the honest and intelligent opponents that you will have, you will also have a certain number who are such thru ignorance and misapprehension and a certain number thru calumny and malice. It is all in the game of life and you have to count on it beforehand, and "he who is afraid of wolves should not venture into the woods."

THE NORTHERN MEDICAL SOCIETY.

There is certainly no lack of medical societies in the city of New York, and it might appear questionable whether another medical society was desirable. The gentlemen, however, who organized the society think that it was, for they believe there is a field for it and that it has a distinct mission to perform.

It must regretfully be admitted that the existing medical societies are apt to run in a routine groove, that the papers read and the discussions following them are very apt to be routine and commonplace, and only too frequently does a physician feel that he would have done as well or better if he had stayed home instead of attending the meeting of his society. Seldom is anything of practical value acquired at the usual meeting of the usual medical society, and very seldom does a new idea raise its head there.

The progressive physicians who were responsible for the organization of the Northern Medical Society thought it would be highly desirable to have an organization in which the most modern ideas in pure and in sociologic medicine could be freely enunciated and freely discussed. Such a society the Northern Medical Society promises to be. The commonplace paper which is merely a rehash of what can be found in every textbook will be tabooed. Only papers dealing with the latest developments in every branch of medicine or with the broad questions of social disease and border-line problems will be welcome. Demonstrations of cases, however, and clinical reports will be a legitimate and desirable feature of every meeting. A special feature of the meetings will be Reports on Progress in Medicine, in which specialists in their respective branches will report the most important advances in their respective lines during a certain period of time, so that all regular members and visitors at the meetings of the Northern Medical Society will be able to keep pace with all the latest developments in medicine.

All regular physicians in good professional standing are eligible for membership.*

* Applications may be sent to Dr. Martin Rehling, Chairman of the Committee on Membership, 132 E. 60th St., New York, or to the President, Dr. William J. Robinson, 12 Mt. Morris Park West.

THE LAST MEETING OF THE N. M. S.

A meeting of the Northern Medical Society took place at 12 Mt. Morris Park West on May 28. The following papers were read: "True Neurasthenia, from the Freudian Point of View", by Dr. S. A. Tannenbaum; "Rice in the Dietary of the Diabetic", by Dr. Heinrich Stern; "Gonorrhea vs. Tobacco, Alcohol and Sexual Indulgence", by Dr. William J. Robinson. The discussion was a long and animated one, and the members and guests present stated unanimously that it was about the most enjoyable medical meeting they ever attended.

The next meeting of the Society will take place on Friday, June 28, in the building of the Bronx Hospital Dispensary, 1385 Fulton Avenue, near 170th Street. As far as feasible the meetings of the Society will be held alternately in Manhattan and in the Bronx.

CONSISTENCY IN READING AND ADVERTISING PAGES.

We have respect for the editor and publisher who, convinced of the infallibility of the Council on Pharmacy and Chemistry, decide to abide strictly by its decisions and not to admit into their advertising pages any preparations which have not been approved by the Council. We can fully understand the attitude of a journal that does not believe in the judgment of the Council, and is therefore not guided by its decisions but admits into its advertising pages all preparations which seem to it proper and ethical. But what we cannot understand, and what always excites our risibilities or indignation according to the mood we are in, is the attitude of a journal that will in its editorial pages praise and commend the work of the Council and urge its readers to abide strictly by the Council's decisions, and at the same time carry advertisements of preparations which have been condemned by the Council. There are many journals which are guilty of such absurdity, even State journals, but the most conspicuous instance will be found in the *Postgraduate* for May. In that issue the editor has an editorial unqualifiedly supporting the work of the Council on Pharmacy and Chemistry. In its advertising pages it has nineteen (19) advertisements of preparations which have not been approved by the Council, and which have in some instances been branded as frauds. Consistency, thou art a jewel!

AU REVOIR.

And now the time has come to say to my friends: *Au revoir!* I am going on my annual European jaunt.

I have worked very hard. During the past nine months I treated more patients, wrote more articles and editorials, got out more books, read more papers, delivered more lectures, etc., etc., than in any previous year, and I feel very, very tired.

And Mother Nature who is wise enough and kind enough to put out a danger signal, whenever the human machinery is being run down, has put out a sign, on which there is written in unmistakable letters: *Take a rest.* And that's what I am going to do. At least that's what I *intend* to do. But I have so much work ahead of me that this year I will have to make my vacation very short: I am leaving on July 4th, and if neither vessel meets with the fate of the Titanic, I shall be back on September 1st.—*Au revoir!*



Contributed by the author to THE CRITIC AND GUIDE.

True Neurasthenia, From the Freudian Point of View.*

BY S. A. TANNENBAUM, M. D., NEW YORK.

INTRODUCTORY.

It would be very difficult to find a single medical term that has been more abused than the word "Neurasthenia". Whenever a physician meets with a symptom, or group of symptoms, for which he cannot find an organic basis, or which eludes his diagnostic ability, he dubs it "Neurasthenia". An examination of the most widely used text-books shows that our medical writers use the term Neurasthenia as a sort of scrap-heap to which to consign all sorts of poorly comprehended odds and ends, such as phobias, apprehensions, obsessive thoughts, obsessive acts, morbid affective states, obscure pains, certain varieties of hysteria, etc. But in the light of recent researches there is no scientific justification for this loose use of the term.

DEFINITION.—It is one of Freud's great achievements to have demonstrated that each one of the neuroses has its own essential pathogenic characteristics, and that we can distinguish the neuroses not merely according to an arbitrary grouping of symptoms, but according to their specific etiology and pathogeny. According to Freud, the neuroses may be divided into two classes: (I) the *Psychoneuroses*, and (II) the Actual or *Physio-neuroses*. In the former class we include (a) Conversion Hysteria, (b) Apprehension Hysteria, (c) Phobias, (d) Obsessive Thoughts and Obsessive Acts. In the second class, the *Physio-neuroses*, Freud includes (a) True Neurasthenia and (b) Apprehension Neurosis.¹

As is now pretty generally known, Freud and his disciples consider all the neuroses as sexual neuroses. They find that the most important etiologic factor in the development of the neuroses is some disturbance in the individual's psycho-sexual sphere. With a normal sexual life a neurosis is impossible. The *Physio-neuroses* are invariably due to an actual, habitual, and recent deviation from the individual's normal sexual activity. True Neurasthenia is one of the *Physio-neuroses*, and is characterized by a definite symptom-complex which can be readily differentiated from other conditions, and which is invariably a sequel to *excessive masturbation* or *too frequent pollutions*.

ETIOLOGY.—In the light of our present knowledge, we may divide the causes of true Neurasthenia into three classes: (a) Specific, (b) Predisposing, and (c) Exciting.

* Read before the Northern Medical Society, May 28, 1912.

¹ Cf. Critic and Guide, Dec. 1911.

SPECIFIC.—As has already been mentioned, Freud discovered that excessive masturbation or too frequent pollutions invariably precede the development of true neurasthenia. No matter what other causes may be at work, one of these must be present.

A careful consideration of the pathogenesis of true neurasthenia leaves not the slightest doubt that the most injurious forms of masturbation are those known as "*protracted masturbation*", "*mental onanism*" and "*masturbatio interrupta*".

PREDISPOSING.—1. *Heredity.* For the development of true neurasthenia a hereditary taint or predisposition need not be assumed and cannot be demonstrated. That the children of neuropathic parents are more apt to become afflicted with a neurosis is due to the fact that such children are very likely to be petted, coddled and fondled more than others, to be exposed to abnormally strong and varied emotions, and to have their sexuality stimulated earlier and more intensely than other children. As a result of these forces, the individual finds it more difficult later to adapt himself to the prevailing social requirements, and to sublimate his sexual impulses.

2. *Constitution.* The most important predisposing factor is the individual's psycho-sexual constitution,—by which we mean all those tendencies that have to do with the reproductive instinct. It is obvious that human beings differ greatly in their sexuality. Some attain their sexual maturity very early, and others very late; some have a larger store of sexual energies than others; some find no difficulty in sublimating their psycho-sexual energies to useful social ends, whereas others can do so but very poorly, etc.

3. *Puberty.* With the advent of puberty the individual's sexual impulses, which had been repressed after the period of infantile sexual activities, again become manifest. Owing to the greater complexity of the changes that take place in the female during puberty, errors of development are much more likely to occur in them than in the male; and for this reason the neuroses are much more frequent in women than in men.

4. *Sexual Stimuli.* A very important factor in the causation of true neurasthenia is the relatively early awakening of the sexual impulses of children just past their puberty by numerous injurious influences, such as contact with older children addicted to onanism, sleeping in the same room with their parents and witnessing or overhearing conjugal embraces, reading suggestive literature, witnessing immoral plays, etc. Here we may also include such local conditions as irritation of the genitals by pinworms, foreign bodies, leucorrhea, etc.

5. *Cultural and Social Conditions.* Among the most important causes of onanism are our artificial and unnatural social and cultural systems. We wantonly refuse to take cognizance of the obvious fact that most individuals, when they reach the period of sexual ripeness, require sexual intercourse. From an

ideal moral and social point of view, abstinence is undoubtedly very much to be desired and advocated. But we, as physicians, know that not all individuals can continue chaste without suffering very serious injury. Dr. Marcuse* has shown that sexual abstinence is very frequently responsible for many physical and psychic disturbances, e. g., neurasthenia, impotence, frigidity, spermatorrhea, pollutions, leucorrhea, perversions, homosexuality, kleptomania, pyromania, etc. Almost all observers who have given the matter any serious consideration are agreed that abstinence almost invariably leads to masturbation, especially in individuals otherwise predisposed to neuroses, in widows, widowers, and men who do not want to impregnate their wives. Sedentary occupations in young adults, excessive mental application in school children, and other similar causes, frequently result in onanism. The strain of trying to stand high in the class and of passing examinations is, in many cases, responsible for the development of the masturbatory habit.

Poverty, overcrowding, large families, and ignorance of sexual matters are the most important and most frequent sociological causes for onanism. Boys and girls of maturing years are permitted to sleep in the same apartment, or even in the same bed; children often sleep in the same room with the parents, or one adjoining it, and even share the same bed with them; young boys and girls are permitted to sleep with adult male and female boarders, etc. These things are, of course, unavoidable with our present social and economic systems, but they are none the less as destructive of health as of morals.

Material and moral consideration necessarily become responsible for onanism. The boy who spends his best energies in the endeavor to remain chaste, or who refrains from pre-marital sexual intercourse because of the fear of infection, or who cannot spare the money wherewith to gratify his libidinous cravings, must resort to masturbation. This is also true of girls—who must retain their chastity at any cost.

6. *Other Banal Factors.* Almost all writers ascribe neurasthenia to the effects of worry, overwork, the strain of "getting on in the world" and of making money, insufficient relaxation, improper food, etc. These banal factors are undoubtedly operative in a large number of cases, but they are not essential, and, at the most, play their role only as additional predisposing factors which may at times amount to *exciting causes*. The nervous conditions which follow exhausting diseases, shocks, hemorrhages, typhoid, la grippe, etc., are only bastard neurasthenias.

FREQUENCY AND OCCURRENCE.—Notwithstanding the fact that probably not more than five per cent. of the cases diagnosed as "Neurasthenia" by general practitioners and neurologists are such, true neurasthenia is a fairly common disease. Most frequently it afflicts boys and girls between the ages of

* Die Gefahren der sexuellen Abstinenz für die Gesundheit, Leipzig, 1910.

12 and 25, but it occurs in young children as well as in the aged, and among the single as among the married. Young women suffer from neurasthenia far more frequently than young men because our moral code works more harshly against the former than the latter; moreover, girls are more emotional and more sentimental and reach maturity sooner than boys; they feel the restraints of the parental home more than the boys, the necessity of working for a living is more irksome and burdensome, and the occurrence and cessation of menstruation are almost invariably attended with sexual excitement.

SYMPTOMATOLOGY.—The clinical picture of true neurasthenia is fairly constant and characteristic.

1. *Cephalalgia.* One of the earliest and most constant symptoms is a pain in the head which the patients describe either as a feeling of tightness or numbness in the head, or, most frequently, as a feeling of *pressure on top of the head*. Some of the sufferers complain that the head feels heavy, wooden, empty or full. Patients may indicate particular points on the head that are painful to pressure. Vertigo is not present, altho many patients complain of *dizziness*.

2. *Insomnia.* Sleeplessness is a very troublesome symptom and very often the chief cause of complaint. The patients toss about in bed restlessly for hours, and finally fall into a heavy, unrefreshing, or distressful sleep.

3. *Spinal irritation.* Weariness of the legs, intercostal *neuralgic pains*, aching *pain in the back* or in the back of the neck, visceral neuralgias are among the chief features of true neurasthenia. Tenderness and painful points along the spine are not infrequently present and constitute a great source of bitter complaints.

4. *Parasthesias.* Paresthesias and numbness are not rarely complicating symptoms.

5. *Nervous Dyspepsia.* The symptoms of "nervous dyspepsia" are fairly constant and characteristic accompaniments of true neurasthenia. Genuine *attacks of colic*, coming on suddenly, may also be present. *Constipation* is a very characteristic and common phenomenon in this disease.

6. *Fatigue.* It is characteristic of these patients that tho they do not overwork themselves, they suffer from a feeling of lassitude and an inability to do their work. With this there is an actual *diminution of the capacity for work*. They find the least exertion fatiguing, and work that they formerly performed with ease and pleasure, they now find difficult and irksome and requiring extra effort. They are always tired and sleepy and feel as tho they were "ready to sink". They shrink from any new undertaking, and worry greatly about their inefficiency and inability to keep up with their associates. They take no interest in their work and fear that their employers will discharge them.

7. *Psychic Symptoms.* There is a distressing feeling of inability to continuously exert the attention; the mind does not seem to be able to work as long or as clearly as before; distract-

ing thoughts interfere with mental tasks; the memory seems to be especially affected. It is characteristic of all these patients that they exaggerate their symptoms, especially their failing mental powers, sometimes to such an extent that they resemble hypochondriacs.

8. *Cardiac Disturbances.* Some of the patients make much of the attacks of *palpitation*, or a feeling of *pressure around the heart* or a consciousness of the heart beat.

9. *Emotional Irritability.* This is a feature of almost all "nervous" ailments. The patients are ill-humored, unreasonable, peevish, fault-finding, irritable and impetuous. They are easily flustered, and trifling occasions lead to outbursts of temper which are subsequently regretted.

10. A prevailing mood of *depression* and despondency is characteristic of these sufferers. Customary amusements fail to please them, and they lose interest in the things about them. They do not care to read, and find no pleasure in the theatre, their friends, their clubs, etc.

11. *Sexual Impotence.* Frigidity, sexual impotence or *ejaculatio precox* are very frequent results of onanism and excessive pollutions. *Leucorrhœa* is an almost constant accompaniment of masturbation.

12. *Sexual Dreams.* The dreams of neurasthenics are usually frankly sexual or homosexual, and are but thinly disguised.

PATHOGENESIS.—As far back as 1540 it was suggested that certain manifestations of nervousness are the result of an intoxication of the brain by suppressed seminal, menstrual or lacteal discharges. Since then all sorts of theories have been formulated, which, when all is said, are mere foolery. To-day we know that the symptoms of true neurasthenia are due to at least four factors: (1) The symptoms of neurasthenia are the result of a *toxemia* resulting from the presence in the circulation of either too much or too little of some chemical substance essential for normal metabolism,—*a disturbance in the chemistry of the body metabolism.*

2. The second factor in the pathogenesis of neurasthenia is the *psychic conflict* attending the patient's masturbatory activities. In some cases this is very slight, whereas in others it is of the greatest consequence. The feelings of guilt, shame and remorse which the patients suffer are often largely responsible for the development of distressing symptoms and have a very important bearing on the character formation of the individual.

3. The third important factor in the production of the symptoms is the *excessive demand made upon the psyche* by the onanist. As Dr. Macfie Campbell puts it: "This means of satisfaction, if overdone, exhausts the sources of neuro-psychic energy. Normal coitus is a complicated reflex process. The reflex arc in the main is in the cord and the subcortical centres, altho the excitement radiates into the higher psychic sphere.

In masturbation, on the contrary, where the external stimuli are so inadequate, the spinal center derives the degree of tension necessary to bring the reflex mechanism into play from the imagination, i. e., from a psychic source of energy. It is easy to understand that this deliberately-willed satisfaction demands the output of more energy than the almost unconscious act of coitus." ("On Habit Neuroses", State Hospitals Bulletin, March, 1910, p. 2.) This factor is, of course, lacking in cases of excessive pollutions.

4. The fourth factor in the pathogeny of this disease is the fact that masturbation is but a poor and worthless substitute for normal coitus, and affords the individual but *inadequate relief* of the sexual tension, notwithstanding the immoderate expenditure of psychic energy in the shape of fantasies.

COURSE.—The usual course of a case of neurasthenia is somewhat as follows: A boy between the ages of 11 and 14 sees some one masturbate or discovers accidentally that pressing the thighs against the genitals results in a pleasurable sensation, and he gets into the habit of masturbating. He continues this practice for several years at varying intervals (which are bound to become more and more frequent) until one day he sees a pamphlet on "lost manhood" sent out by some charlatan, or is told by some friend that masturbation results in "softening of the brain" or "consumption of the spinal cord", etc. Meanwhile some of the symptoms of neurasthenia, e. g., the headache, the diminished capacity for work, etc., have manifested themselves, and he begins to worry about his physical condition. He tries to break himself of the habit, or modifies his mode of procedure ("frustrated masturbation"). The struggle is a hard one, for the sexual appetite, once it has been awakened and partially gratified, cannot be quenched. Spermatorrhea, frequent nocturnal pollutions, ejaculatio precox, etc., follow. Then there is more worry, more hypochondria, and ere long he is a confirmed neurasthenic. If, after a long and difficult conflict, he succeeds in giving up the masturbatory habit and does not indulge in normal coitus, he develops the symptoms of Apprehension Neurosis. What we have just said of boys, applies almost literally also to girls.

SEQUELAE.—Besides the disturbances in the somatic and psychic spheres that we have enumerated in the section on "Symptomatology", excessive masturbation after puberty not infrequently causes very serious impairment of the individual's character. This is strictly in accordance with the Freudian principle that every one of us is the reflex of his sexual life.

A. In the *somatic* sphere the injurious results that we have enumerated result from the facility with which the onanist can gratify his desires, the absence of the normal or usual physiological stimuli, the inadequate relief offered by masturbation, and the diminution of sexual potency.

B. Much more harmful than these are the effects in the

psychic sphere. The onanist cannot endure prolonged abstinence. Moreover, the man or woman who finds sexual gratification in himself withdraws himself by so much from his environment, becomes to such an extent independent of the opposite sex, that he or she acquires an intolerance for that sex and its necessary imperfections, and is very likely to develop into a confirmed misogynist misanthropist. But onanism is chiefly harmful because it tends to awaken and preserve the individual's infantilism (autoeroticism, etc.), and thus furnish the best soil for the subsequent development of a psycho-neurosis. Homosexuality and psychic impotence are most dangerous sequels.

C. From a *sociologic* point of view, onanism is of the utmost importance. Masturbation has so much in its favor as compared with resorting to a prostitute, that a young man can, under the present conditions, hardly be censured for resorting to it to relieve his accumulated sexual tension. But as a result of these advantages and the easy attainment of gratification, the individual is unfitted in the struggle for existence. Accustomed to obtaining his pleasure without a struggle, the onanist lacks the necessary energy and vim necessary to compete with his fellowmen. Because of the secrecy associated with his masturbatory activities, the onanist becomes self-centred, antisocial and timid. Sorely oppressed by his guilty conscience and distressed by his vain struggles to free himself from his terrible affliction, (for so he regards his evil habits), the masturbator lapses into a truly pitiable state,—he loses confidence in himself, doubts his ability to accomplish anything in life, becomes weak-willed, vacillating, diffident, cannot be moved to any new undertaking, worries about being doomed to be a failure in life, and becomes a really inefficient social unit.

COMPLICATIONS.—The most common complications of neurasthenia are *leucorrhœa*, *chronic congestion of the prostate*, "*painful testicle*", *spermatorrhœa*, and a *mild urethritis*. Most frequently the symptoms of true neurasthenia exist in combination with those of *Apprehension Neurosis*, less frequently (but by no means rarely) with those of *Apprehension Hysteria*, and now and then with *obsessions* and *phobias*. *Ejaculatio precox* very often betrays the early masturbator. The onanist who attributes his ills to the loss of semen, as many of them do, and therefore indulges in *masturbatio interrupta* (thus laying the flattering unction to his soul that he is not masturbating), inevitably develops *Apprehension Neurosis*.

PROGNOSIS.—The prognosis is good if the patient marries or resorts to sexual intercourse before the condition has lasted too long. Fortunately, most of the patients do so. The dangers of subsequent *ejaculatio precox* and impotence are so great that the physician must be very cautious in his prognosis.

DIAGNOSIS.—The diagnosis of true neurasthenia presents no difficulties if one bears in mind the cardinal symptoms: pressure on top of the head, spinal irritation, diminished power of atten-

tion, impairment of the memory, increased susceptibility to fatigue, dyspepsia, flatulence, constipation, paresthesias, depression and diminished sexual potency. The physician must, however, be cautioned to bear in mind that several pathologic conditions may coexist, that the presence of hysteria, etc., does not exclude the presence of true neurasthenia, that, in fact, pure, unmixed cases of neurasthenia are rare.

TREATMENT.—Neurasthenia is a disease of such great consequence to the patient and to society, that it may safely be said that the treatment of no other disease is fraught with graver problems for the physician. From our point of view, we divide the treatment into *prophylactic* measures, *remedial* measures, and *psychanalysis*.

Prophylactic. From what we know of the causes of neurasthenia, it follows that the greatest aid we can render to humanity, and to those afflicted with the disease and its sequelae, lies in recommending and advocating preventive measures. Inasmuch as the ultimate cause of the physio-neuroses and psycho-neuroses lies in the conflict between the individual and society, i. e., between the sexual desires, impulses and yearnings, on the one hand, and ethical, moral and religious considerations, on the other,—the physician's task is to seek to modify either the individual or society, or, as is actually the case, both. Briefly stated, our duty is to remove the cause. A reference to the section on Etiology shows that our prophylactic measures must be directed to the following matters: Heredity, Constitution, Sexual Education, Environment, and Sexual Hygiene.

1. *Heredity.* Obviously we cannot materially affect the individual's inherited predisposition to the development of a neurosis. All that we can hope to do, and that we must strive to do, is to preserve the physical and psychic health of prospective fathers and mothers, and thus ensure offspring free from any neurotic taint. By doing this we become not only the preservers of the individual, but the conservers of the race.

2. *Constitution.* An adult's psycho-sexual constitution is very largely determined by his infantile experiences. It behooves us therefore to make a very careful and thoro study of the sexuality of infancy and childhood, and to learn how to modify it, but chiefly how to encourage normal development and prevent fixation at some phase of the infant's polymorph-perverse sexuality. The problems involved in this subject are too numerous and too complicated to be discussed in this paper.

3. *Sexual Education.* There is no more encouraging sign of the progress of civilization than the fairly common appreciation of the fact that children ought to be educated in sexual matters honestly, wisely and beautifully. The child's curiosity should not be fobbed off with lies which it does not believe and which destroy its confidence in its parents. Its thirst for knowledge should be satisfied in accordance with its demands and its understanding: Work of this kind cannot be done by public

school teachers; it must be done by the parents,—and it must be done lovingly and innocently. Who can doubt that it is better for a child to learn the truth from the lips of a good mother than from the filthy tongue of a corrupt companion?

4. *Environment.* From all that has preceded, it follows that the child's environment must be kept pure and wholesome; its companions must be chosen with the greatest care; the books it reads and the pictures it sees must be selected by those discerning ones who understand the child's mind and the permanency of the impressions made upon it by those things. Parents must be very careful not to let children of any age witness or overhear sexual embraces. This means that children shall not sleep with their parents or in their parents' bed-rooms, nor in rooms communicating directly with them. Such an arrangement is, of course, impossible with our present social conditions. With the average adult earning less than \$15 per week, we cannot expect each child in a family of 3, 4, 5 or more children to have a room for itself. But we have a right to demand that parents shall produce children in accordance with their means; that they shall not beget more children than they can bring up and train to beautiful and healthy manhood and womanhood. A civilized people does not need many children but healthy children. A civilized community should be guided by reason in everything—even in the begetting of offspring. With the abolition of international and civil wars in prospect, the state is not in need of a large population as food for powder. The rant of "itinerant statesmen" about "race suicide" is not entitled to the consideration of scientific men.

It goes without saying that a conscientious and scientific physician will also seek to modify the environment as to all the other matters referred to and implied in the section on Etiology.

5. *Sexual Hygiene.* The study of the physio- and psychoneuroses has resulted in the conviction that the ultimate cause of these diseases is some disturbance in the sufferer's sexual life. In the actual or physio-neuroses (neurasthenia and apprehension neurosis) psychic factors and remote sexual traumata play a less important role than in the psychoneuroses. In true neurasthenia, the fault is not so much in the psychic conflict (altho this plays a part) as in the excessive drain upon the individual's sexual energies. The causes for pollutions and masturbation are too well known to be dwelt upon here. At present we are chiefly concerned with determining how to prevent these faults and how to protect the habitué against the inevitable consequences.

A. *Infancy and Childhood.* Infants, as we know from the brilliant researches of Freud, are endowed with a far richer and more varied sexual life than adults. We shall find masturbation and other forms of sexual activity extremely common in childhood, in girls as in boys, if we will only open our eyes. The auto-erotic activities of young children are, to a large extent, physiological and normal, and need not be interfered with un-

less they are carried to excess. If a tendency to excess in this regard is manifested, especially after the fifth year, the child must be discouraged and restrained; but this must be done gently, tactfully and patiently. Above all must the parent be careful not to frighten, terrify or threaten the young offender, for such a course is very apt to be the basis for a subsequent neurosis or symptom-complex, and to exert an extremely injurious influence on character development. It should be needless to say that in all such cases, sexual education must keep pace with development.

B. *After Puberty (11-25).* This is the period that supplies the largest number of cases of pure neurasthenia. As a result of the various etiological factors already enumerated, the sexual energies and desires that have been slumbering during the latency period are aroused and powerfully stimulated. Because of ethical, religious and moral considerations, as well as others, the young man or woman strives to overcome the libidinous cravings and to remain chaste. But abstinence is not good or desirable for all natures. The conflict between the restraints imposed by civilization and the ripened sexual yearnings consumes a large amount of the individual's mental energies, and ultimately leads to masturbation or pollutions. And it needs no ghost come from the grave to tell us that masturbation, once begun, is apt to be carried to excess. To prevent this and its many consequences, the young adult must be properly instructed in sexual matters and taught how to sublimate his sexual energies, i. e., to direct his energies to other, more acceptable and useful purposes, e. g., literature, art, athletics, etc. But this does not always succeed and, again, it may succeed only too well and result in impotence, frigidity, homosexuality and perversions. All things considered, there is only one way of saving the future fathers and mothers from being dashed to pieces against the Charybdis of abstinence or the Scylla of masturbation, and that is moderate sexual intercourse. At present society wilfully and hypocritically closes its eyes and permits young men to indulge in promiscuous extra-marital sexual relations, but unmarried young women are supposed not to have any sexual desires or even to know anything about such matters. Unhappy marriages and neuroses are the inevitable results. With these conditions there are inevitably associated immorality, secret vices, lying and hypocrisy. As a result of heredity and of the individual's experiences, the neuroses become more and more frequent and more severe. Under such conditions our boasted civilization is destined to suffer. A proper regard for our institutions, our culture, and the health (mental as well as physical) of our men and our women demands the elimination of this false spot in our civilization, this cancer at the heart of our social system. Prostitution is wrong in every way. Men have no more right to a premarital sexual life than women. Morals as well as health require all individuals to marry as soon as they find that

their sexual cravings will not down. Pecuniary considerations must yield before the dictates of nature.

C. *In the Married.* Masturbation in the married is not a rare or unusual occurrence. The causes are most frequently of an economic nature. Because of pecuniary considerations, or the woman's social aspirations, a couple decide to have no more children. Preventive measures, such as coitus condomatus, coitus reservatus, etc., are resorted to. Sooner or later the husband finds these various procedures so objectionable that he rebels against them and, rather than quarrel with his mate, resorts to masturbation. It is not uncommon to hear such men say that they derive more gratification from masturbation than from such intercourse. This is also true of the woman. For physicians and legislators to refuse to take cognizance of this state of affairs is in strict accord with our hypocritical social system. But with the increase of our neurotics and the dissemination of knowledge, we shall awake to the necessity of permitting and encouraging the invention and use of appliances for the prevention of conception.

Remedial. In normal sexual intercourse we have a specific for the cure of all the symptoms of neurasthenia. But before this is resorted to, it is incumbent upon us to try to wean the patient from onanism and to direct his energies to nobler and more useful purposes. To accomplish this, we resort to any method of *persuasion* that promises to be of value in the particular case. At the same time, we seek to strengthen his constitution and improve his general condition by dietetic, hydro-pathic and other measures that need not be gone into here. The bowels must be looked after very carefully. All sources of irritation to the genitals must be removed. The books that the patient reads must be selected with great care. Patients who can afford to go to the expense may be recommended a change of climate, a sea voyage, travelling, treatment in a sanitarium, etc., etc. Sedatives and other drugs are to be employed as indicated. But when all is said and done, these measures will only in the rarest instances bring about a cure unless, in the meantime, the patient has stopped masturbating and resorted to normal coitus. It not infrequently happens that a patient who has been persuaded to discontinue his onanistic activities, complains of very frequent pollutions; such a case must also be instructed to indulge in moderate sexual intercourse.

Psychanalytic. Inasmuch as a psychic conflict (i. e., a conflict between the desire for coitus and the feelings of shame, fear of infection, disgust, fear of discovery, etc.) plays a very important role in most cases of neurasthenia, a course of psychanalysis is strongly to be recommended. To a certain extent we are all hysterical; the neurasthenic much more so than the "normal". To hold up a mirror before the patient and show him the inmost part of him, his conflicts, his struggles, his repressed desires, his buried complexes, inevitably tends to make

of him a better, a nobler and happier individual as well as a much more desirable social unit.

243 Seventh Street.

Official and Independent Medical Journalism and the Duty of the Independent Editor of Today.*

BY WILLIAM J. ROBINSON, M.D., NEW YORK.

As all students of history know, the progress of the human race has never been in a straight line, but always rather in a zigzag fashion. A step forward, a step sideways, half a step backward, then again one or two or three steps forward, a step backward, etc. But on the whole, with the sole exception of the dark Middle Ages, when humanity took many more steps backward than it took forward, we are progressing, and when we make up our accounts at the end of each decade or quarter or half century, we find that we have gained something substantial, and that we are farther advanced than have been our predecessors.

The zigzag direction of all progress has been exemplified in the progress of American medical journalism. For several years I have addressed this Association at its annual meetings on the subject of Medical Journalism, and as I glance thru the various addresses I find strange contrasts. One year the tone of my paper would be triumphant and optimistic, the next year it would be sad and pessimistic (tho never hopeless).

Things seemed to go along nicely. The so-called independent medical journals were becoming fewer in number and better in quality. The hopelessly bad ones died of inanition, as they should in all decency have done long ago. Those that had some reason for existence became better, stronger and more interesting. There seemed to be harmony all around. For the official-organization journals attended to their affairs, and it seemed that they finally perceived that the non-official medical journal had a distinct function to perform and that it was not possible to kill it off. Some were even broad-minded enough to admit that it was not desirable, even if it were possible.

All of a sudden, like a thunderbolt out of a clear sky, there began a series of articles in the Journal of the American Medical Association, attacking the non-official medical journals in the unfairest and most contemptible manner imaginable. Whether this was done because the Journal needed a new sensation, or because one of its sub-editorial wage-slaves wanted to show that he was earning his wages (or salary), I do not know. But the editorials were unfair, made slanderous accusations and were written in the worst yellow Hearst-newspaper style.

Repeatedly the non-official medical journals were accused of being subsidized by the advertisers of nostrums, they were

* Read at the meeting of The American Medical Editors' Association, held at Atlantic City, June 3, 1912.

accused of being *particeps criminis* in the promulgation of frauds, they were accused of carrying worse advertisements than any lay papers were ever guilty of. Contributors to medical journals carrying advertisements of products not approved by the Council were scolded, threatened and lectured in good school-boy fashion. Private letters were also sent to prominent contributors of non-official journals, gently chiding and threatening them for their support of "fraudulent" publications.

A few little quotations from the J. A. M. A. editorials will show that we are not in any way overstating the case. Here, for instance, is a quotation from the J. A. M. A. of Nov. 18, page 1702:

"The whole policy of such journals is dictated from the 'business office'. If medical ethics and advertising contracts clash, so much the worse for ethics. Such publications are *particeps criminis* with those that humbug the profession, and through the profession the public, and their editors salve their consciences with the advertising receipts. Just as long as journals of this kind are subscribed for or contributed to by reputable medical men, just so long will the proprietary evil flourish. The influence of the medical profession on the attitude of newspapers toward medical frauds will continue to be a negligible quantity just so long as the business managers of newspapers can retort that the medical profession itself is standing sponsor for just as big a 'bunco game' as any newspaper that ever advertised Peruna or Lydia Pinkham! It is a fact, and one that should make every self-respecting physician blush, that the better class of lay magazines are more particular about the acceptance of advertisements than are the majority of medical journals supported by the profession."

And then on Dec. 16 there appeared a vicious attack on the contributors to the excellent American Journal of Surgery. It is unnecessary for me to reply to this attack, as I dealt with the subject very extensively in THE CRITIC AND GUIDE, both for January and March.

Here is another one from the J. A. M. A. of Dec. 23, page 2088:

"By subsidizing medical journals through the purchase of advertising space, thus making it practically impossible to give general publicity to the *worthlessness* of the products and the *heartlessness* of their exploitation, by the lavish distribution of free samples—by these and other devious methods, a spurious value has been given to things that in themselves have neither merit nor honesty.... But the truth will never be told so long as the bulk of the medical press is under the *blighting* influence of proprietary interests. And the press will remain under that influence until the medical profession asserts itself and demands that the advertising pages of those journals that are devoted to their professional specialty shall be as clean and free from fraud as are the lay magazines for which they subscribe. The whole

question, therefore, resolves itself into one of responsibility on the part of individual physicians. So long as physicians will support medical journals that, to all intents and purposes, *are subsidized by the exploiters of fraudulent proprietary medicines*, so long will fraudulent proprietaries flourish—and no longer."

Here is one in which the Journal accuses the non-official medical journals of a conspiracy of silence. It says (J. A. M. A., Jan. 6, 1912, page 37):

"And so we might go on, naming preparation after preparation that has been proved beyond peradventure of a doubt to be fraudulent, worthless, dangerous, or all three, and against which the bulk of the medical press of this country has raised no protest, but, on the contrary has, by accepting their advertisements, tacitly endorsed and invested with the badge of presumed respectability. How much longer will the 'conspiracy of silence' be maintained? Just so long as an easy-going profession tolerates medical journals whose owners are rendered aphasic by their advertising contracts."

Here is a gem from an editorial in the J. A. M. A. of Jan. 20, page 198:

"Such journals, it is true, are independent of the medical profession, but they are *subserviently dependent on the manufacturers of proprietary remedies* whose advertising appropriations support them."

But the acme of idiotic mendacity was reached by the J. A. M. A. in an editorial which appeared in its issue of April 13, under the title "Therapeutic Efficiency" (page 1121). The editorial is so unfair, so disgraceful for our official organ that I consider it worth while reproducing in its entirety:

"The gentlemen who are coming so valiantly to the defense of proprietary frauds of the so-called ethical variety make much of the fact that the rejection of a product by the Council on Pharmacy and Chemistry is no proof that the product itself has no therapeutic value. As one of these champions of proprietary humbugs says:

"I could give you numerous illustrations of remedies that have been attacked by the Council for reasons not affecting at all the therapeutic efficiency of these drugs."

"So could we! 'Therapeutic efficiency' is by no means the only element to be taken into consideration in determining whether a product is or is not a fraud. Suppose an unscrupulous individual with no knowledge of medicine or pharmacy, but with an hypertrophied advertising sense conceives the idea of exploiting an 'ethical' proprietary. He takes equal parts of quinin sulphate and starch, has it made into tablets or put up in fancy-colored capsules. He gives the mixture a catchy but meaningless name and obtains a perpetual monopoly of that name under our trade-mark law. He buys advertising space freely in the so-called independent medical press. He tells the physicians of the country that his wonderful preparation is a tertiary diamin of the natural order of Cinchonaceæ in combina-

tion with amylose ($C_6H_{10}O_5$)_n. He recommends it for everything from soft corns to hard chancres. Has the stuff any 'therapeutic efficiency'? Certainly it has. For malaria, it will be just as valuable as one-half the same quantity of quinin. True, quinin sulphate sells for 25 cents an ounce while our advertising friend asks \$5.00 an ounce for his proprietary preparation. Notwithstanding this, it must still be admitted that it is good—for malaria. It has 'therapeutic efficiency'. Why then should not the Council on Pharmacy and Chemistry approve it? Why should not medical journals aid the swindlers in exploiting it by sharing the profits in the fraud? This hypothetical case is *no exaggeration of conditions that exist in the pharmaceutical world to-day*. Hundreds of simple mixtures are sold under the most fraudulent claims. The physician does not know their composition, but because the medical journals of the country are willing to stand sponsor for these frauds, the medical profession, in many instances, seems to be equally willing to accept such products as scientific additions to the *materia medica*. What a farce! A simple mixture is sold under a proprietary name, its identity hidden under a mass of scientific jargon, and with claims that would put Peruna to shame, and the editors of medical journals solemnly assert that the rejection by the Council of this 'valuable and useful product' is an outrage. Is such a spectacle one that is likely to inspire confidence in the medical press?"

What I said in THE CRITIC AND GUIDE in reference to that editorial I will repeat here:

"All this is stupid, idiotic demagogism for the purpose of damnable sensationalism. I am never general in my condemnations, but I always make specific charges; and I challenge the gentleman responsible for this editorial to mention *one single product* advertised in the medical journals which is similar to the example given in the editorial. The editorial states distinctly 'this hypothetical case is *no exaggeration of conditions that exist in the pharmaceutical world to-day*'. If it is no exaggeration then it should not be difficult to mention a dozen preparations which are as common in their composition as a simple mixture of quinine and starch and which are advertised in medical journals as good for everything from soft corns to hard chancres.

"I say that the writer of that editorial is either an ignoramus utterly unfamiliar with pharmaceutical conditions of the present day or he is a deliberate liar. Among the nostrums advertised to the laity, particularly in the lower class newspapers intended for farmers, there are such palpable and unequivocal frauds, but *there are no such preparations at the present day advertised in the medical journals for the medical profession*. It is a disgrace for an official journal to make such statements, for they calumniate and wantonly insult: first, pharmaceutical manufacturers whom they thus stamp as common swindlers; second, the medical publishers and editors of the country, whom they thus

stamp as sharers in the frauds and swindles; third, the medical profession at large whom they thus stamp as imbeciles and ignoramuses incapable of exercising the slightest discrimination in the selection of their remedies."

I challenged the editor of the J. A. M. A. to discuss this entire question in public, so as to determine whether the Journal's editorials in regard to proprietary preparations and medical advertising represent the full truth or were distortions of the truth full of unjustifiable innuendoes and malicious accusations. I challenged him to either himself participate in debate or to appoint a committee for the purpose, but of course he has not accepted the challenge because he knew that he would be ignominiously beaten.

After a few editorials of the above character appeared in the J. A. M. A., Philip Mills Jones, the microcephalic editor of the California State Journal of Medicine, who merely dances to the tune of the whistle of the J. A. M. A., considered it his duty to chime in with a few weak squeaks, and the few editorials that appeared in the last three issues of his journal, tho utterly devoid of sense, were full of malice and misinformation. In his intemperate zeal (you may understand the word intemperate in any sense you wish) he put that excellent antiseptic chinisol, approved by the Council, among the nostrums, and he was obliged humbly to apologize in his next issue. Some of the other official journals considered it their duty to echo the editorials of the J. A. M. A., but as the editors of those official organs are as a rule incapable of writing their own editorials, they satisfied themselves with reprinting those from the J. A. M. A. So much for the official journals.

We come now to the non-official or so-called independent journals. What did the independent journals do? They were characterized as participants in frauds and swindles. They were called cheats and humbugs. They were accused of being subsidized by the proprietary interests. What did they do? They did absolutely nothing. With the exception of one editorial in the American Journal of Surgery, one editorial in American Medicine, and with the exception of course of the irrepressible CRITIC AND GUIDE, the journals did absolutely nothing to repel the attacks made on them. Not that many editors did not itch to come back at the J. A. M. A. and some of its official echoes, but the publishers said: Nay, the J. A. M. A. is too strong to enter into a controversy with. And the editors had to hold their tongues and their peace.

And this brings me to a remark which will not be relished by many editors, but which is the absolute truth: that most of the editors of medical journals are hired slaves, slaves who are as much afraid to utter an opinion contrary to the wishes of the publisher as is any wage-slave in a shop or factory afraid to say something displeasing to the foreman or the boss. It is a sad statement to make, but it is true. The man who owns your job owns your life, and whether you get \$2,000 or \$5,000

or \$10,000 a year if you depend upon your employer's whims or wishes for your position you are a wage-slave all the same. The difference between the Saturday pay envelope containing \$12 and the annual salary of \$12,000 is a difference in degree and not a difference in kind, and as long as the system of wage-slavery and salary-slavery lasts so long will hired editors remain slaves, remain the mere mouthpieces of their publishers without courage to utter their real opinions. But a further discussion of this subject would lead us to Socialism, and this, I am afraid, is not an appropriate topic for the present occasion—tho' it would not hurt any of you to make a study of this inevitable change in our economic and social system.

I must say that on this point I must agree with the J. A. M. A. When it says that the independent medical journals are independent in name only, it tells the truth. They are not independent in the true sense of the word; they are dependent on the wishes and the policy of the publisher. Only the editor who owns or practically owns his journal can afford to be truly independent. Even he is sometimes a coward, for it is true that the editor who does own his journal is sometimes afraid of his advertisers, and what is just as bad, afraid of losing a subscriber. But at any rate if he ever wishes to be independent there is at least nobody to say him nay.

As I said before, the journals accused of fraud and chicanery took no notice of the attacks. They remained absolutely silent. What conclusion can the general reader draw from such a policy? We who know the inside of things know the real reason for such silence, but the average reader draws an entirely different conclusion. His perfectly justified conclusion is that all those journals, the Medical Record, the New York Medical Journal, the Boston Medical and Surgical Journal, the Cincinnati Lancet-Clinic, the American Journal of the Medical Sciences, the Annals of Surgery, etc., etc., do not reply to the attacks on them because the accusations are just. They are dishonest, they are fraudulent, and they have nothing to say in reply to the accusations made against them. Under such a policy of silence how long can such journals expect to exist? Can they expect to increase in circulation and influence and the respect of the profession? Certainly not, for if all that the J. A. M. A. says about them is true, then they have no right to exist. If it is not true, then they deserve contempt for their cowardice in failing to repel the accusations made against them.

But let bygones be bygones, and let us devote the remaining part of this brief paper to a discussion of the duty of the editor of a non-official medical journal, the duty as I see it.

The first duty of an editor of an independent medical journal is to put some life and interest into the pages of his journal, to make them vibrate with the burning questions of the day. The time is past when a medical journal can expect to increase its circulation or even to retain its constituency by devoting

all its pages to articles dealing with bronchitis, pneumonia, typhoid fever, diarrhea, constipation, etc., etc.—particularly, when the articles do not contain a single new idea or a single new suggestion. The physician is on to the fact that he can learn much more about his subjects and learn more fully and more systematically by reading them up in a modern system of medicine. There are questions of deep, burning interest to the medical profession which are not discussed in textbooks, and it is to these subjects that the independent medical editor should pay constantly increasing attention—such questions as the economic causes of disease, improvement of the human race from a eugenic standpoint, the social evil, the prevention of venereal diseases, the vast domain of sexual problems, of which the medical profession knows practically nothing, the extremely interesting and important Freudian theories, etc., etc. All these questions are not only in the highest degree interesting but they are in the highest degree important and by discussing them freely and frankly, without cant and without hypocrisy, we not only retain the interest of our subscribers but we help them to be better physicians, we help them to be abreast of the times, we help them to treat successfully cases which were utterly beyond their reach before.

My second advice to the independent medical editor is to develop some real independence, to *assert* his independence, to get some stiffness into his backbone and refuse to be merely a pliant tool of his publisher. It is possible that the assertion of their independence might cost some editors their positions, but good editors are not growing on every tree and the publishers would eventually have to come to terms with their editors. Every trade is now organizing and uniting in order to present a solid front to their enemies or employers. It is time that the medical editors of this country began to assert their independence a little.

Third, in my opinion, every editor of an independent medical journal should engage aggressively and militantly in the fight against quackery. It is of the highest importance that the medical journals should show the public the difference between the real scientific physician and the nondescript ignorant charlatan and quack. New sects, either utterly illiterate and unscientific or quasi-scientific, spring up every day, to the detriment of the public and of the medical profession, and it is our duty to educate the public as to the true status of these quacks. It might be objected that medical journals are not the proper place for this fight, because the laity does not read the medical journals. But first, this is not strictly true. A constantly growing number of intelligent laymen are becoming interested in the problems of medicine and are subscribing to and reading medical journals. Second, we are giving into the hands of our readers an instrument which they can use by showing it to their patients. Very often a patient will ask about either a quack method, a quack instrument or a quack sect. The phy-

sician either knows nothing about those things or he can only give vague and unsatisfactory explanations, but when he has a thoro and authoritative exposé in his journal he can readily hand it to his patient, and thus help to stamp out the obnoxious weeds of quackery.

Fourth, independent medical editors should take some interest in the advertising pages of their journals. They should go thru them and if they find any absurd or ridiculous or exaggerated claims for any product they should insist that the publisher throw out the ad. He should examine his advertising pages carefully every once in a while, and if they really do contain a fraud he should demand its being kicked out.

And by the way, it is not only proprietary medicinal preparations that may be fraudulent. On the contrary, they are at the present time the least objectionable. There are various apparatuses and machines on the market which are much more fraudulent than any nostrum ever was, and our duty is not only to be discriminating towards medicinal preparations but towards appliances as well. I have here a little appliance which is sold for ten dollars. To physicians a special discount of 50 per cent is given—*i. e.*, physicians are made to pay five dollars. The cost of manufacture of the thing is not more than five cents, but that is not the worst part of it. The worst part is that the thing is a fraud and that it cannot do and does not do what is claimed for it. It is a worthless fake and not only takes money out of the doctor's and the patient's pocket, but it makes the latter lose time which he could use much more profitably in getting real treatment for his trouble. The name of the appliance is the "Erectruss", and they drag Bier's name into the advertisement so as to lead the reader to believe that Bier had something to do with suggesting the thing or of approving its use. It is with shame and humiliation that I state that this fake is gracing, or disgracing, the pages of several of our fairly respectable or quite respectable medical journals.

Fifth and last, but not by any means least, the editors of the independent medical journals should unitedly, collectively and individually, fight tooth and nail against any encroachment on the liberty of the press. They should resist with all the power at their command any attempt at censorship. It may be a surprise to you, but we do have a real censorship in this country, not a censorship ante but post factum. Any ignorant underling, any employee of the Post Office may, with his ignorant or perverted mind, see something obscene in an article which contains no trace of obscenity, which is merely a calm, scientific discussion of an important subject, and may prevent your journal from being mailed. I know of one case where the highly respectable firm of Wm. Wood & Co. were annoyed by Anthony Comstock because a reprint of an article by Havelock Ellis, from the pages of the Medical Record, was sent thru the mails. I know of a number of articles dealing with

Freud's psychoanalytic method of treating various neuroses which cannot find a place in any medical journal, because their editors and publishers are afraid to print them. They are afraid that if they were to print them their journals would be declared unavailable. Some excuse for censorship might be found in journals of a general circulation, but absolutely no restriction should be tolerated in the pages of a medical journal. Medical journals should be free to print absolutely anything and everything, and I repeat that one of our most important duties is to unite to fight any contemplated censorship over the pages of our journals.

It is my humble opinion that only by following more or less the suggestions incorporated in the five preceding paragraphs will our independent journals be independent in fact and not only in name, and only then will you be able to withstand the continuous growth and rivalry of the official journals.

In conclusion just one word about progress in non-official medical journalism. True progress in a race or a nation consists in the elimination of the weak and unfit and in the development of the strong and fit. The same is true of journalism. The last few years have witnessed the death of several worthless publications and the improvement of several of the virile, individual journals. This year has been no exception. Several journals are resting, unremembered and unwept, in the journalistic cemetery—and the more of them are killed off the better for their editors, who might thus devote their time to more useful and fruitful work, the better for the physician, the better for the public, and the better for the remaining journals—while several have taken on a new lease of life, have been rejuvenated and improved in every respect. Of the latter class it affords me special pleasure to mention the Medical Times and the American Practitioner, which from journals without any individuality have in the hands of their new editors, Dr. H. Sheridan Baketel and Dr. J. W. Wainright, become bright, interesting, useful publications with backbone and personality behind them. Other journals which have shown steady improvement and growing strength are American Medicine and the Medical Review of Reviews. Long may they all live and prosper!

"Sexual Problems of Today."

By William J. Robinson, M. D. The Critic and Guide Company, 12 Mt. Morris Park West, New York City. \$2.00.

After the bread and butter question there is nothing more profoundly important to humanity than the group of problems constituted by the disharmonies and maladjustments, the pruderies and pruriencies which are the burdensome inheritance of modern sex life. Dr. Robinson believes that at least half of the world's misery is connected directly or indirectly with the sexual sphere. It is therefore one of the most hopeful signs of the times that the silence and darkness that have so long sur-

rounded these subjects are gradually giving way to many-voiced discussions and enlightened scientific investigation.

Dr. Robinson is well known for the advanced stand which, in the face of opposition and abuse, he has fearlessly taken in sex matters. To the scientific spirit that single mindedly seeks to establish the truth regardless of whether it be beautiful or ugly he unites the social passion for making the truth serve his fellow beings. Women especially should know and appreciate the work he is doing in helping to fight some of their hardest battles over questions that mean happiness or misery, life or death to many of them.

The first step in the solution of any problem is free and frank discussion. Dr. Robinson again states most emphatically, as he has often done before, that the public must discuss sex matters in a spirit of earnest inquiry, must educate itself to understand them and their significance to the physical and moral welfare of the world.

"In the arena of discussion", he says, "we recognize no forbidden ground. We recognize but one danger—the danger of silence, the danger of repression. No matter how wrongly a question may be discussed, it is far better to consider it openly, even if erroneously, than not to discuss it at all. If we discuss a question wrongly, someone is sure to point out our error, but if for fear of appearing unconventional, of being criticized by Mrs. Grundy, we hide our opinions, smother our convictions, how can we ever arrive at the truth?"

By far the most important chapter in the book is that on the limitation of offspring. The legal aspect of this question was treated editorially a few weeks ago on this page, which also contained an article by Dr. Robinson, on "The Three Most Important Measures for the Improvement of the Human Race." Dr. Robinson said then what he also says in his book: "There is no single measure that would so positively, so immediately contribute toward the happiness and progress of the human race as teaching people the proper means of the prevention of conception." Those who have any doubts on this question should read his convincing argument, and his answers to all possible objections. The time has come when progressive people should feel it their duty to help create a public sentiment strong enough to bring about the repeal of the laws forbidding the dissemination of this knowledge. It will take a long time, so the sooner we begin the better. When we stop to think that such action would sweep out of existence the dangerous practice of abortion, which is to-day maiming and killing women by the thousands, a practice outwardly condemned and secretly resorted to by the society whose stupid code makes it an ignominy for an unmarried woman to have a child even if she wants it, and a crime for any woman married or otherwise to prevent herself from having a child when she doesn't want it, or is unable to support it, we must recognize that if it did nothing but this, it would be worth fight-

ing for. However, it would do away with, or at least diminish many other evils as well.

Another very interesting section of the book is that entitled "The Relations Between the Sexes, and Man's Inhumanity to Woman", in which an indictment of ten counts is drawn up against man in his relation to woman. What is said under count number four we should like to put into the hands of every young girl or woman who visits meetings of the ultra-radical sort, where she is likely to imbibe ideas whose real meaning and consequences she is incapable of understanding until it is too late. This count deals with "the insidious, persistent, systematic campaign which is carried on by many of our radicals against young girls, with the object of persuading the latter to yield up to them their virginity, to make them do it of their own free will, so to say. * * * "What I condemn more strongly than I can find words to express", says the author, "is the insidious seduction by persuasion of girls of sixteen, eighteen or twenty, girls who have yet no mind of their own, who have no definite convictions on the subject, whose whole education consists perhaps in having attended a few lectures, and whose entire asset is the word 'radical'. By persistently dinning into these girls' ears that chastity is but a foolish superstition, that the sexual instinct is as natural as the instinct of hunger or thirst, and that its gratification is therefore no more sinful than eating or drinking, by ridiculing their bourgeois morality, by giving them certain kinds of literature, radical, erotic, or simply pornographic, and last but not least, by assuring them that nothing can 'happen' to them, they succeed in gaining their point. * * * But unfortunately, not so very rarely something does 'happen'. And then in many instances the man proves a craven coward. He leaves the girl to bear the burden alone." It was one of these unfortunate girls who said to Dr. Robinson: "I curse the day when I first went to a radical meeting."

Other subjects of importance are "The Double Standard of Morality", "What to Do With the Prostitute and How to Abolish Venereal Disease", "Should Venereal Diseases Be Reported?" etc. Here many readers, even the "radical" ones, may find that they only partly agree with Dr. Robinson, and in some cases may disagree with him entirely. The regulation and segregation of prostitution for instance, is a question on which very enlightened, scientific and sincere people, physicians as well as laymen, conservatives as well as progressives, hold diametrically opposed views, and we feel that the last word has not been said on this subject. Neither do we share Dr. Robinson's amiable indulgence for the husband who occasionally permits himself an extra-marital adventure. But whatever difference of opinion the book may evoke, it has so much to teach us, its lessons have so wide an application, it is so sure to arouse much-needed thought and discussion that it must be considered a valuable and timely addition to the literature of the sex problem.—CLARA G. STILLMAN in *The New York Call*.

Medicine and Our Social Economic Conditions

BY S. KOPALD.

Editor of The CRITIC AND GUIDE:—

I do not know, and I do not care what your political convictions are, but allow me to tell you my opinion. The trouble to-day is not so much as to who is a quack or a faker and who is not. Some of us are stronger and some of us are weaker. Some of us have to make a living in the direction of least resistance, some of us can direct our own course. But above all and everything sticks out the fact that we are living, all of us, under a false and wrong system of society. A system where each man is actually driven to make a living by any and all means. Under a system which teaches childhood and manhood that success means wealth and nothing else. Each man's hand is at the throat of someone else, while the hands of the few mighty ones are at the throat of the nation. Such conditions make involuntary cowards and liars of men. Even you physicians, most of you, how often dare you speak the truth? Of what good are all your drugs to men, women, children and infants who, for no fault of theirs, are compelled to lead a most miserable existence in dirty, unwholesome surroundings without proper clothing, hygienic necessities, without proper food or enough of it, working at unhealthful occupations among unhealthful surroundings. Worried, harried, pinched, overworked, and underfed, driven, ever uncertain of to-morrow's piece of bread, of what good is medicine to such? How many physicians have the courage or the honesty to say to a poor pale mother, who, with a still poorer and paler child calls on them for advice, "Mother, there is really nothing much the matter with your child. It needs more care, more food, more cleanliness, more sunshine. Take yourself and the child out into the fresh air as long as the day lasts, and you will both be shortly in fine condition. Eat and drink of the best only, sleep in clean, large, airy, well ventilated rooms, do not worry and do not work hard." Now, you do not say that because it is impossible. Instead, a prescription is given for something or other, which, for a miserable few cents, is supposed to supplant all that. You say, yes, we do give this advice to well-to-do people, but can not do so to the poor. Why not? Does two wrongs create a right? Why not tell the truth? Why not teach every human being the right that is or should be theirs? Is not every child born entitled to the very best the community can give it? And the grown person, who, in your opinion, is ignorant, is entitled to more solicitude on your part than the intelligent one. The weak must be protected, the strong will take care of themselves.

The physicians of this land have a great opportunity before them. They, more than any other class of people, must realize the accursed workings of the system under which we all live,

They are the ones that must know how many millions of lives are ruthlessly and needlessly sacrificed under this system of all against one, one against all. Leaving aside purely surgical cases, you, as well as your brother physicians, know and know well, that sunshine, plenty of pure food, cleanliness, rest and recreation, in short, a healthy mind in a healthy body, would do more for humanity in one year than all medicines put together could in a thousand years.

Such is the aim of socialism! I am writing this to you because from your articles I judge you to be a strong and fearless man. Also an able and thinking man. Socialism needs such men, and if you would stop wasting your good brains on the silly fights going on among doctors and so called quacks and put your mental shoulders to help and give a turn to the wheel of social progress and revolution, you would be fighting for a cause worthy of an intelligent man.

Yours for higher humanity,

S. KOPALD.

[All very true, but we ourselves have said this so many times before, that Mr. Kopald's remarks are rather belated. That comes from not reading *The CRITIC AND GUIDE*.]

Gangrene of the Arm after Ergot Poisoning.

At a recent meeting of the Société Médicale des Hôpitaux, Drs. Dufour and Huber showed a patient who had been admitted to the Maternité Hospital in a state of coma. The existence of a five months' pregnancy gave rise to the idea that the patient was eclamptic, but bleeding gave no relief to the agitation which followed coma, and was accompanied by hyperthermia. It was then noticed that the right arm was paralysed and cold. The general condition improved after a time, but the limb remained cold, black phlyctenules appeared, and the axillary pulse could no longer be felt. In the presence of these signs of gangrene by arteritis it was found necessary to amputate the arm, upon which the existence of a clot extending to the axillary artery was noticed. The bloodless and grey anterior muscles were cut away also. For a long time the general condition of the patient was very bad, fever, multiple abscesses, parotitis, otitis, mastoiditis, and finally a slight degree of phlebitis being present. With some difficulty the authors were able to extract from the patient the information that she had taken ergot for the purpose of inducing abortion. In her case the drug had produced two types of ergotism, the convulsive and the gangrenous. Examples of this kind were met with more commonly formerly than at the present day.—*The Hospital*.

THE MEDICAL GUIDE

Abstracts on Therapeutic Subjects, Interspersed with Diagnostic
Points and Interesting Medical and
Historical Facts.

Seborrheic Eczema of Infants.

In seborrheic eczema of infants the crusts should first be removed by gently rubbing the scalp with sterilized olive oil or petrolatum, to which two per cent of salicylic acid has been added. If the crusts are very thick this may be applied with a bandage or cap and left on the scalp over night. When the crusts have become soft enough they can be removed by washing with lukewarm water and tincture of green soap or castile soap, after which the following ointment should be well rubbed in and bandaged to the head:

Precipitated sulphur. 5 i

Hydrous woolfat. 3 i

This should be continued for several days, which usually results in cure, but if the condition recurs the same treatment may be repeated as often as necessary. Care should, of course, be taken as to cleanliness, fresh air and proper diet. In recurring cases where the infant is still nursing, the milk should be examined and if there is too much fat the feedings should be restricted.

How to Take Castor Oil.

An excellent method of giving castor oil is to put a teaspoonful of brandy, whisky, wine, lemon, or orange juice, or peppermint water in a wine or egg glass, let it run all around the surface to wet it, pour on to that five teaspoonfuls of castor oil from a spoon previously wetted in hot water to let it run easily, over the oil another teaspoonful of the same substance, and instruct the patient to take it quickly, wiping the lips, and allowing him to suck an orange or lemon.

Stroganoff's Treatment of Eclampsia.

Stroganoff's treatment of eclampsia is based on the administration of morphine, chloral hydrate and chloroform according to a precise system, the aim of which is not merely to palliate but to prevent the development of the convulsions. The patient is isolated in a dark room in order to reduce external stimuli to the minimum, and is kept partly under the influence of narcotics thruout. Reflexes are further inhibited by administering 20 m. of chloroform when catheterization, disinfection or enema is necessary, and even a hypodermic injection of morphine is preceded by inhalation of chloroform. At the beginning of the treatment 0.015 gram morphine is given; after 1 hour, 2.0

grams chloral; 2 hours later, 0.015 gram morphine; four hours after this, 2.0 grams chloral; six hours later 1.5 grams chloral; and the latter dose repeated eight hours thereafter. The chloral is usually given with milk or barley broth as an enema. The convulsions gradually diminish and usually cease after the above treatment, if it is carried out with careful attention to every detail, but the chloral should be continued in doses of from 1 to 1.5 grams three times a day on the following days and even after birth. As soon as the conditions are favorable to both mother and child, labor is induced, and, if there are no contraindications, the membranes are broken. When the convulsions resist treatment, Stroganoff resorts to forced delivery, but he has found this necessary only once.

The Local Treatment of Acne.

After cleansing, the patient should apply on cotton either resorcin, one-tenth to one-half per cent; thymol, one-fourth per cent; or salicylic acid, one-quarter to one-half per cent. Following this, apply as an ointment:

Resorcin. gr. xv
Precipitated sulphur. gr. xxx
Green soap.̄v
Petrolatum.̄v

or

Sulphur. gr. xxx
Salicylic acid. gr. xv
Tincture of benzoin. m xv
Petrolatum.̄i

After the ointment has remained on the skin for an hour or two, the irritation which it causes is removed by the application of a soothing cream of wool fat, rose water ointment, or by an ointment containing zinc oxide and bismuth subnitrate.

Sweating of the Feet.

Wash with astringent solutions, such as:

Tannic acid.̄i
Alum.̄v
Water.̄xxx

If the odor is fetid, use instead a foot bath made with potassium permanganate, one in 1,000; or a bath containing one dram of sulphuric acid to three pints of water. This bath should be used every three days for ten minutes. Meanwhile powder the footgear with:

Talcum powder.̄x
Bismuth salicylate.̄i
Zinc oxide.̄v
Powdered alum.̄ii ss

Sodium Salicylate per Rectum.

Dr. L. G. Heyn, (*J. A. M. A.*, April 6), recommends the use of sodium salicylate per rectum in acute rheumatic fever.

In many cases the stomach does not tolerate the drug and large doses cannot be given. They are tolerated, however, when given by the rectum, preferably if administered with starch and a few drops of the tincture of opium. It should be preceded by a cleansing enema of plain water, and 2 to 4 drams of sodium salicylate are then incorporated in an enema of 6 ounces of starch water and 5 to 10 drops of opium tincture. He reports several cases thus treated and has used the method in sixteen. No unfortunate results happened in any case, tho frequently the dosage reached 240 grains daily. In only one case was it not well borne, on account of previous irritability of the rectum. As in all salicylate therapy, the daily administration of the drug must be continued well into the defervescence period to prevent relapse. He recommends this method not only in cases in which the drug is not borne well by the stomach, but hints that it might also do well as a routine measure.

Anginal Spasm Lasting Nine Hours.

Dr. E. Hayling Coleman (*Brit. Med. Jour.* No. 2671) reports a case of angina pectoris with spasm of exceptional duration, lasting from 9.20 p. m. to 6.25 a. m. The patient, a man of 80 appearing to be in good health and showing no signs of cardiac disease, had had five attacks during the preceding two months, none of which lasted more than half an hour. During the last attack, inhalations of amyl nitrite, injection of nitroglycerin, and injection of scopolamine and morphine having had no effect, chloroform was administered at intervals. As long as the patient was kept under the chloroform the spasm ceased but whenever consciousness was allowed to return, it reappeared as severely as before. Except when under the influence of chloroform, of which nearly a pound bottle was used, there was no relaxation of the spasm during the entire night. The next day the patient expectorated some plugs of dark-colored mucus, but the most careful examination of the chest showed no signs of pulmonary embolism and this alternative diagnosis is also ruled out by the fact that the previous undoubted anginal attacks were unaccompanied by any pulmonary symptoms and by the absence of cyanosis or cough after the attack. A few days later a small spot was found on the right base which was dull on percussion and where some moist sounds could be heard, but these signs cleared up and when later examined in consultation no traces were found. He improved for a week but then declined and died peacefully in his sleep ten days after the attack. During this interval the pulse was rapid, irregular and weak, and the temperature low. Dr. Coleman believes the case to be accounted for by an obstruction in some of the smaller branches of the coronary artery, persistent but insufficient in size to cause stoppage of the heart. The time taken by the heart in accommodating itself to its reduced blood supply explains the length of the attack. Probably owing to the obstructed coronary

arterial flow, there was some stasis in the coronary veins where a small embolus formed, which accounted for the pulmonary symptoms. The coronary circulation probably never became completely re-established, but gradually more interrupted, and so caused the cardiac degeneration which finally resulted in death.

The Question of Sexual Abstinence. .

The importance of an exact definition of "sexual abstinence" is discussed by P. Näcke (*Deut. Med. Woch.*, Oct. 26, 1911). Thus some authors regard those who are continent as far as coitus is concerned as being sexually abstinent, and others believe that onanism, even "day dreams" and "psychic onanism," should be excluded in a proper use of the term. Freud and his school even characterize these as sexual. The author is of the opinion that the term "sexual abstinence" should be restricted to a state in which there is no indulgence in either sexual or homosexual intercourse or in any of their substitutes—onanism, fetishism, sadism, masochism—in which there is orgasm and ejaculation. Such continence may be total or partial, voluntary or forced, permanent or temporary, intermittent or continuous. The basic cerebral condition upon which sexual desire depends is congenital; it is influenced to some extent by the development of the sexual organs and manifests its greatest activity from the twenty-fifth to the fortieth year. Continence will therefore be most difficult to maintain during the years of maturity. As to the dangers of sexual abstinence, investigators are much at variance.

Altho there have been those who maintain that no bad effects can follow total restraint, the consensus of opinion to-day is hardly in accord with this view. The question now has shifted to the number and nature of the ill-effects and sequelæ. Such authors as Touton, Näcke and others assert that but slight harm can result to young people; Eulenburg, Marcuse, Nystrom, and others are convinced that the ensuing danger is considerable and occurs oftener than the former school supposes. Since our knowledge of the presence of complete sexual abstinence is dependent on the statements of the patient, it is naturally often difficult to be sure of its existence. Furthermore, the investigation of all the possible causes of an existing pathological state is a work of great extent. It is an onerous task, therefore, to establish a reliable relationship between the symptoms and the illness for which we are seeking the cause.

Näcke's conclusions may be summarized as follows:

1. A normal libido and normal potency are the *sine qua non* for the existence of real "sexual abstinence."
2. Sexual abstinence is not harmful when it is of temporary or partial nature. The danger resulting from permanent abstinence depends upon the age and nervous constitution of the individual.
3. If the sexual desire is moderate, the mind properly engaged and the body sound, even permanent abstinence may lead to but the slightest

nervous disturbances during the years of maturity, since nature provides a vent in nocturnal emissions. 4. If the desire is marked and there is a neurotic predisposition, harmful effects may follow, such as conditions of depression, anxiety, delusions, neurasthenia, etc. 5. In such cases, however, sexual causes are at work so that sexual abstinence can be regarded only as one of the factors. 6. Psychoses are not the results of sexual abstinence.

From the practical standpoint, he draws the conclusion that young people should be advised to be abstinent as far as possible until marriage, especially in view of the danger of contracting venereal disease; in the case of exaggerated libido or when the data of the case lead to the presumption of untoward effects, marriage must be suggested, or in lieu of same, sexual intercourse with proper precautions. Näcke also believes that nervous and all other symptoms should first be treated by the physician, and sexual abstinence regarded as their cause only when all other explanations fail, and when the exaggerated desire cannot be diminished by treatment.

The Outdoor Treatment of Puerperal Infection.

The results of the outdoor treatment of puerperal infection for the past five years at the Boston City Hospital are summarized in the following conclusions by Dr. Ernest B. Young (*Bost. Med. and Surg. Jour.*, Vol. CLXVI, No. 11: 1. The outdoor treatment has reduced the mortality of severe puerperal infections by nearly 20%. 2. This treatment probably exerts its action chiefly by increasing the amount of hemoglobin in the blood. 3. Sunlight is probably quite as important as fresh air and except in very hot weather the patient is placed directly in the sun. 4. Curettage is contra-indicated in puerperal infection, because it increases the mortality nearly 10%. 5. A single intra-uterine douche of sterile salt solution should be the only local treatment, and some writers deny the value of even this. 6. Antistreptococcic serum and vaccines have not proven of much value.

Child Bearing Without Menstruation.

Dr. O. F. Blankenship (*J. A. M. A.*, Feb. 24) reports the case of a woman who has had three children but has never had the least sign of menstruation at any time. She was married at the age of thirteen and at that time weighed 180 pounds. The first child was born ten months after marriage. The patient has a sister who has been married three times and had eight children without ever having menstruated. The mother and two other sisters are normal.

How to Give Iodides.

Bourget's formula is said to avoid irritating the gastric mucosa and reduce to a minimum the phenomena of iodism. It is as follows:

Potassium iodide (chemically pure)....grs. cl
 Sodium bicarbonate (chemically pure).grs. cxx
 Dry sodium phosphate.....3j
 Dry sodium sulphate.....5ss
 Boiled water.....Oij
 Dessertspoonful in water three times daily.

Inflamed Gums in Teething.

Potassium bromide. gr. xv
 Sodium borate. gr. xxx
 Tincture of crocus. mx
 Glycerin } āā.....5ss
 Water }
 To be applied several times a day.

Ulcerative Blepharitis.

Ichthyol. grs. x
 Zinc oxide ointment. 5ij
 M. ft. Ungt. Apply to lids after removal of crusts.

Lead Contraindicated in Eyes.

Lead acetate, says May, should not be employed in connection with the eye, as it has the property of depositing an insoluble salt upon any corneal abrasion, making a stain that cannot be removed. Lead and opium wash, so frequently used in other parts of the body, is not, therefore, a desirable application to the eye.

Chrysarobin.

In order to obviate the disagreeable staining effects of chrysarobin it may sometimes be advantageously used in collodion combined with salicylic acid.

Chrysarobin.
 Salicylic acid. āā grs. xl
 Ether. 5i
 Flexible collodion. q. s., ad 3i.

M. Sig.: To be painted over patches of psoriasis every day or every second day.

Local Anesthesia in the Ear.

Cocaine hydrochloride.
 Menthol crystals.
 Carbolic acid crystals. āā 3i

Drop into the meatus or middle ear and in twenty minutes anesthesia is complete. The absorption is greatly facilitated by first macerating the drumhead with peroxide of hydrogen.

Roentgen Rays in Prostatic Hypertrophy.

In a review of the literature on the subject and an analysis of seven cases of his own, Dr. James W. Hunter (*Am. Jour.*

Med. Sciences) reaches the conclusion that the Roentgen rays give brilliant results in the earlier stages of prostatic hypertrophy where the increase is of epithelial and glandular tissue. But when, in order to accommodate the increase in glandular area, there has been a great increase in the muscle or fibrous tissue, but little benefit may be expected. He is of the opinion that if we could only know the microscopic appearance of the gland with which we are dealing, the statistics of Roentgen ray treatment could, by a careful selection of cases, equal those of any operation. He irradiates directly upon the perineum, with the patient in the Sims' position, and does not protect the testicles with lead foil, as he has found in almost all his cases an abnormal increase in the size of the testicles, and therefore believes that the irradiation of the scrotum is eminently to be desired, especially as the patients are anyhow elderly men. He uses coils, placing three or four layers of the primary of the coil in series and using from four to six ampères of current with a Wehnelt interrupter; that is, from one and one-half to two milliampères in the secondary circuit. The tube must be hard and well seasoned. Exposures of from five to ten minutes are given at frequent intervals and until a moderate dermatitis has resulted. He insists on the full physiological dosage, which varies in different individuals. If there is to be an improvement it will be rapid. If no improvement occurs in a reasonable time, other means must be resorted to.

Nitroglycerin Poisoning.

Dr. E. S. Evans reports (*J. A. M. A.* Feb. 24) a case of nitroglycerin poisoning in a farmer who made use of dynamite for blasting stumps. After about a week he began to suffer from headache, nausea and vomiting. He gave up blasting but after a number of weeks the attack recurred when he was doing other work. This was traced to a pair of cotton flannel gloves which he had worn while blasting, and which had become impregnated with nitroglycerin. Experiments showed that on wearing the gloves when not working and not in a warm room the symptoms were absent or very slight, but on exercising they returned with severity. In other words, it was found that the degree of perspiration of the hands while wearing the gloves determined the severity of the attack, which was produced by absorption of nitroglycerin thru the skin of the hands.

I am pleased with all the contents of *The Critic and Guide*, but especially with the sections devoted to Editorials and to Original Articles.

Respectfully and Fraternally,
The Dalles, Oregon.

Dr. FRANK J. BROWN.

Criticism of the A. M. A. Methods.

CRITIC AND GUIDE:

I enclose draft for \$10.00 for life subscription to the CRITIC AND GUIDE.

I regret that so many occasions arise for your criticisms of A. M. A., The Journal and other official medical organs, but feel that in many instances they are correct. It is the history of all times that unlimited, unchecked power is always followed by abuse of that power. It is likewise the history of many valuable movements for the betterment of mankind, that they are delayed by the use of methods that the people are not fully prepared for. Yet we know that the burden of such great works always fall on a few and they should receive hearty support and encouragement. We know too that "the few" fail in their full duty to the movement if they neglect to keep in touch with the criticism of those who also have the interest of the movement, at heart, tho not agreeing with "the few" in all things; in a word intelligent, interested criticism is invaluable.

Hope you will take occasion to "boost" the new A. M. A. Directory; it merits and is entitled to the unanimous support of the profession.

Very truly,

Hailey, Idaho.

E. W. KLEINMAN.

Milford, Mass., May 11, 1912.

My dear Doctor Robinson:—

It is distinctly refreshing to read your editorials on "A California Pinhead Editor", and "A Dishonest Editorial and a Nasty State of Affairs", in the current CRITIC AND GUIDE, just at hand. I made no mistake when I decided that I could not afford to get along without the C. & G. Strength to your Arm!!!

Fraternally yours,

J. M. FRENCH.

March 23, 1912.

Dear Doctor Robinson:—

I am heartily in favor of your propaganda for the abolition of superstition and prudery in connection with sexual matters.

Only this morning I called on a woman to tell her that her boy needed glasses. She said she had enough to do to feed her seven small children without spending money for glasses for them. She said she was the mother of fourteen. She and her seven live in three rooms. I see hundreds of just such cases on my rounds as a Medical School Inspector. It is most discouraging.

Albeit I believe that it will some day, under a reformed social system, be possible to support fourteen children to a family, at present I believe the proper thing to do is to limit the number of children.

Yours truly,

Please do not publish my name as I am an Inspector in the Health Department of the City of New York.

It matters not to how many journals you subscribe: The "Critic and Guide" is so different, so unique, occupies a field so entirely its own, that you cannot well afford to be without it.

THE MEDICO-PHARMACEUTICAL

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH. G., M. D., EDITOR.

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The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

The Editor is responsible for his own opinions only. He always tells the Truth or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth
Than never to tell the truth for fear of making a mistake.

Vol. XV.

NEW YORK, AUGUST, 1912.

No. 8.

EDITORIALS AND EDITORIALETTES

A DOCTOR MAY BE INTERESTED IN OTHER THINGS BESIDES MEDICINE.

I am very polite and I listen to the advice so frequently given me by my friends and subscribers very attentively and very patiently, but I will divulge a secret and confess that once in a great while I forget to follow the advice of my friends. Once in a while I follow my own judgment.

My friends think that it is not quite proper for a physician of a certain degree of eminence, or at least prominence, to speak before a lay audience at all; or if he condescends to speak he should speak on harmless subjects of sanitation and hygiene, such as how to prevent a cold, how to avoid sunstroke, how to take care of the teeth, etc. To speak to a lay audience on venereal or sexual matters, and to speak freely and frankly, is very, very improper. But a physician speaking to lay audiences on subjects not at all connected with medicine—this indeed is the very height of impropriety. And my friends strongly advise me against it. But this is one of the instances where I fail to follow my friends' advice. I never could see it this way. I have been a physician, and some say a fairly good physician, for nearly a fifth of a century, and during this entire period I have not forgotten for one moment that besides being a physician I was also a man. I could never see why prostatic massage should be incompatible with the poetry of Maeterlinck, why the treatment of gonorrhea should exclude the reading of Gorky,

why removing pus from a bubo in the morning should interfere with a study of the philosophy of Bergson in the evening, why a man who dilates strictures and injects salvarsan should not at the same time be interested in Socialism and Syndicalism and even Sabotage, and why specializing in Sexual Impotence should make one impotent for every other avenue of thought and activity.

SINGLE OR MARRIED.

It is my proud boast that most of my patients remain my friends, so that months or years after they are discharged they come to ask for advice on subjects not at all connected with disease. And the question, would you advise me to get married, which I am going to speak of now, does not refer to the advisability of getting married with reference to present or former venereal disease or sexual trouble. That is an entirely different matter. But I often have former patients, who have been completely cured, asking my opinion on the general subject of marriage. A young man, or one not so young, making say from \$15 to \$50 a week, asks me what I would advise him: Would he be better off if he remained single or got married? And, contrary to the advice of Punch, I almost invariably say: Get married! I hope I will not be misunderstood. I speak of people who are physically well and who have a fairly steady job, but who, on account of the knocks which marriage has been receiving at the hands or rather at the jaws of some radicals, are undecided or timid about entering the holy bonds of matrimony. And to such people my advice is in the affirmative. Other things being equal, the married state is the more normal state. To live singly for an adult male or female is unnatural and unhealthy. It is detrimental to the individual and the race. The home, the nest, is the true biologic unit of society. Married life is more conducive to health, to long life, to material comfort and, strange as it may seem to you, even to intellectual work. I know the joke about married people living longer: They don't really live longer, it only seems longer. But this joke, like so many other jokes, is not true; for taking the same economic conditions, the same social strata, married people do live longer and do enjoy better health than do single people under the same circumstances. Everything is more regular: the food, the sleep, the occupation, the sexual life. The very obligation which a married man feels, and which may prove irksome at first, puts him on his mettle and brings out the best that is in him. Powers that are dormant, and that might remain dormant forever, are awakened into activity, and are responsible for much of the world's good solid work. Our opinions, you know, are always more influenced by our personal experiences than by anything else, and from personal experience I can say that all my married friends have done better than my single friends. Better in every respect. The material condition is better, their social position is better, they have done

and are doing *more* and *better* intellectual work. This last is a point which is worth while emphasizing. Because our radicals make a special point of it. They try to convince that marriage has in some way a blighting influence on a man's intellectual productivity. I have not found it to be the case. I know many married people who are doing good work and doing lots of work, and I know many unmarried people who, in spite of their talents and ability, are doing very little work or none at all. They were very promising but they have not kept their promise.

I know that the radical presents unmarried life with the freedom of choice and the pleasures of variety in very rosy colors. Maybe there is something to it. But you take the unmarried free love radical at the age of forty-five or over and he is a very pitiable object. The free love woman takes the man for his sexual power and prowess, when these disappear she has no use for him and he is alone in the world. Not so with man and wife. Even when their sexual desires and powers wane, their love keeps up or even keeps on getting stronger, they have other interests in life, they have their children—and they are not lonely.

And here I cannot refrain from repeating a joke made by Mrs. Robinson on a recent very tragic occasion. We were all thrilled by the noble and heroic death of Mrs. Isidore Straus, who tho urged to go into a life-boat refused to be saved and preferred to go down to the bottom of the sea with her husband, with whom she had lived so many years. And they both went down. "I wonder," Mrs. R. said, "if our free love radicals will not take this incident as an additional proof that married life drags people down."

No, altogether married life is the fuller life, more normal, more healthy, more interesting and more productive life. And to all those who ask my advice as to whether or not they should get married, I answer emphatically: By all means *do*, providing of course you are physically fit and financially able to support a wife. In many cases only the former condition is necessary. For it is becoming more and more frequent for the wife to keep on working and help to support the home. And two together can certainly live better and more cheaply than two separately. Only against one thing they must guard, and that is against having too many children, against having them in too rapid succession.

THE LIBERTARIAN BRINGING UP OF CHILDREN.

Some of our soft-hearted and soft-headed radicals who worship at the shrine of the goddess of Liberty have decided that it was about time to make an attempt to bring up our children both at home and at school in a strictly libertarian manner—libertarian in the true sense of the word, no repression, no suppression, no discipline of any kind.

To paraphrase Madam Roland: Oh Liberty, what stupidities are committed in thy name! Those children will not be thankful to their parents and their teachers when they grow up, and if those children understood the full significance of this so called libertarian education, and if they were strong enough to do it, they would or ought to take their parents and teachers and give them a sound spanking. For this libertarian education is not preparing, it is absolutely unfitting those children for future life, it is unfitting them to take their place in the world, in other words it is utterly failing in the object of education.

I wish I had the time to discuss the subject with all the completeness that it deserves, for it is a very important subject, but the time being limited I will have merely to touch upon the principle objections to this ultra-modern form of education.

This libertarian education is based upon three fallacies. The first is that all children are born good and angelic, that they become bad only thru the environment and thru a bad system of bringing up, that all that it is necessary to do is to give free play to their instincts, desires and feelings, and they will develop into ideal men and women. The second fallacy is that all knowledge can be made pleasant and attractive to learn and that all that it is necessary to do is to present it in this pleasant and attractive form and children will be crying for it. The third fallacy is an utter misapprehension of the meaning of liberty.

To take up each one of these points separately, it is a great mistake to think that all children are born with good and noble and pro-social instincts. It is untrue. A very large percentage of children are selfish, mean, untruthful, cruel, vicious and anti-social. There are children of 5 and 7 and 10 who have in themselves all the cruelty and all the viciousness of a confirmed criminal. They are not to blame, of course. They carry in them the blight of a vicious heredity. Under our vicious system, when the worst criminals and degenerates are permitted to breed, it could not be otherwise.

Dr. Hurty tells in one of his papers how he paid a visit to the famous dog kennels of the Vanderbilt estate. He was surprised at the intelligence and the gentleness of the dogs. "Have you no vicious animals at all?" he asked. And the keeper in surprise answered him: "Do you suppose we would be so foolish as to permit vicious animals to breed?" You see, with animals it is quite easy to obtain any kind of breed we desire; but so long as we do not castrate or vasectomize all cruel and vicious people and confirmed criminals and degenerates, and so long as we do not kill off at once all their progeny, we must expect to have some pretty bad specimens among our children.

Those who have watched gangs of boys in our city streets, those who have seen or heard how horribly cruel a gang of boys can be to a foreigner or to a small-store keeper or to a Chinese laundryman, making their lives miserable and sometimes

intolerable, will agree with me that not all children are sweet angels. And the true purpose of education among such children is to repress their anti-social desires and activities, to nip in the bud if possible their criminalistic tendencies, to stunt if possible the growth of their egotism, and to foster and cultivate pro-social feelings, to favor the growth of altruism, and this can only be brought about by firm discipline, by sternness where necessary, by punishment when unavoidable.

We may take a few children of good heredity from refined homes where the influence of the father and mother and all the surroundings is for goodness and gentleness, and with such children we may be able to get along on a purely libertarian program, altho even then it would sometimes prove very difficult. But take a large crowd of children with a few specimens like those I described above and unless a strict discipline be maintained those few bad specimens will corrupt and disorganize the entire school. In short when dealing with large numbers of children the libertarian method of education is as impossible as it is undesirable.

We come now to the second point. We must bear in mind that studying, the acquisition of knowledge, is no more natural to us than is work. Work is not normal to the human being, no more than it is to any other animal. It is a thing that we have to force ourselves to do, and it is only after we have grown used to it, and after we are sure of its necessity to us, that work becomes a more or less natural function. Of course there is a small percentage of extremely bright children who seem to have inherited a strong desire for study. They would rather study than play. But to the vast majority of children studying is an extremely irksome thing and they must be forced to do it. Always bear in mind that I am not speaking of exceptional children, of geniuses—I am speaking of the vast mass. Just as no boy or girl has ever learned piano playing or violin without a lot of irksome, unpleasant work, so no child will acquire a knowledge of Latin or Greek or algebra or geometry or chemistry or physics without a lot of irksome, unpleasant work and the acquisition of a lot of apparently unnecessary or uninteresting details. All knowledge cannot be made pleasant and interesting. You may acquire a superficial smattering of a science or a language, you cannot acquire a thoro knowledge of it without some real work to which you have to force yourself. And this libertarian education, the purpose of which is to present everything in a pleasant acceptable form, would, if universally adopted, have a decidedly deteriorating effect on our mental calibre. It would make us soft-heads, intellectual mollicoddles. Our ancestors thought it a sin to make the road to knowledge too easy. They frowned upon various methods which would make the acquisition of science too pleasant. They believed that the harder the study, the more unpalatable it is, the better

for the development of the mental faculties. I cannot fully agree with them, but I must admit that there was a certain sound foundation in their reasoning, and that while the number of people who were in former times able to acquire a real education was smaller than at present those that did finally acquire it were of a sturdier and sounder mental calibre than are the educated people of the present day. We have too many facilities, we have too many easy roads, too many short cuts. There are but three methods of acquiring an education and they are work, work, and more work.

I hope I will not be misunderstood as approving our methods of public school instruction. Nobody has a lower opinion of them than I have, nobody has spoken more condemningly of them than I have. Many of our methods of instruction are utterly senseless and stupid, and a very large percentage of our teachers, male and female—particularly female—are utterly unfit for the position which they hold. I have seen many of the products which issue from our public and high schools after spending there ten or fifteen years of their lives, and I know how homeopathically small is a good deal of the education they have acquired. But my displeasure at our public school system will not turn my head and will not make me accept with admiration a system which has in itself many worse features than our old system ever had.

Now to the third point. Many of our friends make a fetish of liberty. According to them, all that is necessary in order to be happy is to be perfectly free. I will not stop to discuss this point now. I have known hundreds of people who were perfectly free in every sense of the word, but who were perfectly miserable at the same time. But what I do wish to say is that the object of our present day education is not to make a person stand up for his liberty and assert his rights—he does that readily enough, very often only too naturally—but the object is to lead him to respect the liberty and rights of others. It is about time that our radicals engraved it upon their cerebral cells that there is not, that there cannot be such a thing as absolute liberty—with the sole exception of when one single person lives alone on an island. If there are but two persons on that island there cannot be any more perfect liberty, the liberty of one becomes at once restricted by the equal liberty of another. And if there are a thousand people on that island his liberty and rights become restricted by the equal liberty and rights of the other 999. The true purpose of social education is to learn, without giving up any essential liberties, without sacrificing our rights, to respect the liberty and rights of others and to live with those others in peace and in harmony—and this our libertarian education distinctly fails to do.

I have been told that the children in some of our libertarian homes and in the one libertarian school that we have here are

such damnable nuisances as to be utterly intolerable. I know of one family that lived in proximity to two or three libertarian children who were made so miserable that, at a great sacrifice of personal comfort they had to move away, for those children are not interfered with by their parents no matter what they may do, they are not taught to behave themselves like human beings and they are not taught to respect the rights of others. When those children grow up and come in contact with the cold matter of fact and get a few hard knocks they will not thank their parents for having unfitted them for the present framework of society.

I should not be at all surprised to hear somebody say: That is just what we want, we want to unfit people for the present capitalistic state of society. But I pity a man's mentality who thinks that by bringing up ruffians and rowdies, that by bringing up ungentelemanly boors and shameless coarse-grained viragos the capitalistic system of society will be destroyed. Not by such men and women is the old order destroyed, not by such means does humanity advance to its highest goal.

"EXCEPTIONS PROVE THE RULE."

One of the stupidest adages in the English language is the adage that "exceptions prove the rule". Exceptions never prove a rule. How can they? On the contrary, exceptions only vitiate the rule. The rule is absolute only if it has no exceptions. If a rule applied to a thousand things has one exception, that rule is 1/1000th vitiated, and if it has a hundred exceptions then it is 10 per cent vitiated, and if it has over 50 per cent exceptions then it is no rule. If geese is the plural of goose, and sheep is the plural of sheep, and kine is the plural of cow, do they prove that the plural in the English language is formed by the addition of the letter S to the singular? Of course, they do not. They may not entirely vitiate the rule, but they certainly do not prove it. And I might add that English is the only language which has this adage, in this stupid form. No other language with which I am familiar—and I am familiar with quite a few—has it this way. The other languages have it formulated as follows: There is no rule without exceptions, and in this form the adage is all right.

Pruritus Ani.

Dr. G. W. Johnson treats pruritus ani, especially when associated with undue moisture, by having the patient dust the skin with bismuth, by "spatting" the skin with a gauze bag containing bismuth powder, whenever the part becomes moist enough for more of the bismuth to adhere. Once a day after washing the parts thoroly with a bland soap, he applies a weak solution of phenol, and dries the surface thoroly before dusting.



Contributed by the author to THE CRITIC AND GUIDE.

Remarks About Hormones and Organotherapy.*

BY M. ARONSON, M.D., NEW YORK.

The progress of bacteriology and of biology opened a new world to human investigation, to human knowledge, to human life. The elementary organism, the cell, which constitutes the unit of all organic life—the minimal cell, endless numbers of which in juxtaposition, coordination, specialisation and correlation, are called man with his high ideals, thoughts, actions, sufferings, miseries and faults—this cell consists not only of the schematic protoplasm, cell membrane, nucleus with or without nucleolus, but it is a whole world in itself. This microcosmos is perhaps as wonderful, as complex, as socially organized, as the other microcosmos—man, the United States of such organized cells. A chemical, physical and physiological laboratory, acting and reacting, according to most useful and economical measures, also an electric plant, seem to be contained, in most ingenious way, in the little cell. Even more: On a small particle more or less of it, on a bit of a chromosome in its situation and development may perhaps depend the determination of the future baby to be an imbecile or a Helmholtz, an idiot or a Darwin, Newton, Shakespeare or Goethe. Human understanding in its endeavors and scientific aspirations is now in the position intelligently to deal with the previously so called imponderabilia and, concerning the cell, we can only fully accept the statement of the Physiologist Starling, that “we are still far from the actual comprehension of the events occurring in every living cell.” When Claude Bernard put forth his axiom: “*La vie est la mort*,” life is death, thinking of the regressive metamorphosis, of the analytical laboratory of living matter and when Lamarck previously stated: “*La fonction crée l’organisme*,” the function creates the organism, or *La vie est la vie*, life is life, thinking mainly of the progressive metamorphosis, of the synthetical laboratory of living matter—they both were right. The function is in accordance with the form and the form in accordance with the function.

When I listened to Professor Du Bois Raymond in Berlin, some 35 years ago, he repeated in one of his lectures the words of the great Johannes Müller: “Gentlemen, we are coming now to the physiology of the spleen. Of the physiology of the spleen we know nothing. We will therefore start with the physiology of the liver.” And now something more of the pathology of the spleen we do know; of its physiology, even now, almost

* Read before the Northern Medical Society, June 28th, 1912.

nothing definite is known. And still, a great increase of knowledge has taken place about the other ductless glands and the processes of internal secretion. Claude Bernard, as you know, discovered the glycogenic function of the liver and created the term "internal secretion," directly into the blood circulation, in distinction to the bile, the external secretion of the liver.

Hormones are also products of internal secretion. "Hormones," says Prof. Hallion, "are different substances which prepared in an organ and emitted into the blood as internal secretion, produce in other organs, in distant organs, where they are transported by the blood, special functional modifications; they stimulate those organs to functions and action." I may mention beforehand as the most important ones: the three hormones of digestion: gastric, peristaltic and secretin; then adrenalin of the suprarenals, and the hormone of the thyroid gland. E. H. Starling, the discoverer of one of them, of secretin, created for these products of internal secretion the name of chemical messengers or hormones, from the Greek *ὁρμάν* (I arouse, I excite), because they work in the manner of certain stimulants or excitants. They are the spark, so to say, to cause the required explosion.

"They do not belong," says Starling, "to the group of physiologically active agents of complex and indefinite chemical composition, such as the ferments and toxins, but are in all probability well defined chemical substances, highly unstable in most cases, but capable of analysis and artificial synthesis. They are comparable to the alkaloids and other drugs of the pharmacopoeia." They are not ferments, because they are not destroyed by boiling. They are not antigens, they cannot produce either immunisation against their own effects, nor anaphylaxis. They possess anatomic specificity, being produced by a certain organ, but no zoologic specificity. Taken from any animal they show the same properties towards all the other animal species. They are to be separated from the products of waste, of excrements; as carbonic acid or urea; nevertheless the carbonic acid, before being eliminated, excites the respiratory centres; it gives, so to say, the impulse to the mechanism, which promotes its own elimination from the body and the introduction of new oxygen. Carbonic acid seems therefore to be a true hormone, in spite of its being a part of the waste of the organism."

The general definition of a hormone embodies, according to Prof. Hallion, the following three postulates: It must be a normal product of our organism; it must be susceptible to being secreted into the blood normally; it must be capable of provoking certain specific reactions. The hormones are the products of internal secretion, but all the products of internal secretion are not hormones. Sugar is secreted into the blood by the liver as internal secretion, but the sugar, whose destination is to nourish the cells, cannot be compared to hormones, which have as their function to excite.

The greater part of the nutritive matter contained in the blood is actually of internal secretion. Even the products of digestion are not introduced as they are in the alimentary canal; passing the intestinal mucosa they are first deeply altered and transformed; without such changes they would be not only not useful but directly injurious. The absorption must be elective, the preparation specific, and then results the emission of a new appropriate product for a special purpose and use—these are the characters of a secretory function, of functional assimilation. The hormones are in so far different, that they are not nutritive elements, but excitants, as physical excitation or as certain alkaloids.

They, per se, are not creators or restorers (restitutors) of energy; they can only modify cellular activity in different ways. Therefore their effect is sometimes out of proportion to their quantity. The smallest doses of adrenalin may call forth the strongest muscular contractions; minimal doses of secretin, working on the pancreas, cause an abundant secretion. Still a substance found in the extract of a tissue and which being injected in the blood, shows an exciting effect, is not a hormone, unless it is *normally* passing by internal secretion into the blood circulation, aiding and influencing distant physiological processes. If the exciting substance remains in the organ where it is produced and is kept there, it is not a hormone; it acquires the rank of a hormone from the moment it can be proven that the organ producing it regularly transfers a part of it to the circulating blood.

One of the most interesting hormones is secretin, the exact nature of which has been so splendidly proven by Bayliss and Starling. Let me recite, mainly in Starling's own words, the following, as I think, striking points: Besides the normal arrival of the gastric chyme in the duodenum, the most potent method of producing a flow of pancreatic juice artificially is the introduction of acid into the duodenum or small intestine. It was considered a reflex by a long arc, namely from intestine to central nervous system and back along vagus or splanchnicus. But Wertheimer and Popielski showed that the secretion of pancreatic juice, evoked by introduction of acid into the small intestine, was absolutely unaffected by division of both vagus and splanchnicus, by excision of the spinal cord, or by the extirpation of the abdominal sympathetic. They therefore regarded the secretion as being due to a local reflex started in the mucous membrane of the gut, and travelling thence to the collections of ganglion cells which are found in large numbers in the pancreas. These collections acted as reflex centres which transmitted secretory impulses directly to the cells of the pancreas. Wertheimer further found that the intensity of the secretion diminished the further down in the gut the acid was introduced. The greatest flow was obtained when the acid was injected into the duodenum, while if it were introduced into a loop composed

of the lowest foot or two of ileum, no secretion whatever was obtained. Bayliss and Starling ligatured a loop of the upper part of the jejunum of a dog at two ends and then introduced 25 cc. of a 0.4% HCl. A flow of pancreatic juice was obtained. All possible nervous connections between loop and pancreas were then destroyed: splanchnici and vagi, abdominal sympathetic ganglia around the big vessels, all nervous filaments. The mesentery was divided, so that the loop of intestine was connected to the rest of the body only by its blood vessels. Acid was then introduced for a second time into the lumen of the gut. The reaction was the same as in a normal animal, a copious flow of pancreatic juice was obtained. There could be no question of a nervous reflex, either central or peripheral. The direct introduction of diluted acid into the blood produces no flow of pancreatic juice (Wertheimer and Hallion). What was the difference between the introduction of acid into the gut, which did produce a flow and its introduction into the blood, which did not produce any flow? The sole difference must lie in the layer of epithelial cells, which intervene between the lumen of the gut and the capillary blood vessels in the intestinal villi. In these cells some substance must be produced under the action of acids which on absorption into the blood acts as chemical messenger to the pancreatic cells. To test this, the loop of intestine was cut out, the cells lining its mucous membrane scraped off and pounded up with some of the dilute hydrochloric acid. This extract was filtered, and the injection of the filtrate into the animal's veins was found to produce a flow of juice even greater than that excited by the introduction of acid into the lumen of the gut. This substance, formed in the cells under the influence of the acid—in vitro as in vivo—Bayliss and Starling called secretin. It can be prepared from the upper part of the intestine of any animal belonging to the class of vertebrates by scraping off the mucous membrane, pounding it up and boiling with dilute hydrochloric acid. When the mixture is boiling it is nearly neutralized, so as to precipitate coagulable proteids and then filtered. The filtrate may be introduced into the veins of any animal, and will in every case produce a flow of pancreatic juice, whether the animal be frog, bird, or mammal, and whatever be the origin of the secretin solution. We have not yet succeeded in isolating the secretin itself. That it is not destroyed by boiling shows it is not a ferment. It is soluble in alcohol or alcohol and ether, it is however very readily oxidized, and this fact makes it difficult to concentrate its solutions by evaporation. It may be formed from mucous membrane by the action of any acids, or even by simply boiling the tissue with water. Mere extraction with cold water or alcohol does not result in the production of an active solution. Its distribution in the gut exactly corresponds with Wertheimer's results; an acid extract or decoction of the lower two feet of ileum yields a solution which has no influence on the pancreas.

Secretin is a chemical messenger, an excito-secretory hormone. As soon as an acid, the acid chyme, reaches the duodenum the secretion comes forward; passes into the blood and spreads and diffuses there, but acts electively on the pancreas, calling it into action. It also excites specifically the secretion of bile and of the intestinal juice. It precisely stimulates the three secretions, which cooperate for the proper food digestion in the intestines. It has no influence, or almost none, on other organs. It does not remain long in the circulatory system, a few minutes only; having done its duty, it disappears, the secretion stops, until a new supply of chyme, arriving at the duodenum, produces anew the same effect.

In order to have a theoretical perception and understanding of the origin and significance of the hormones, Starling puts forth the following hypothesis, accepted and developed by Hallion and others: "In the lowest animals, before the appearance of any central nervous system, it is by chemical means, by chemiotaxis, by chemical affinity, that any coordination of function and correlation of activities among the different organisms of a colony, or among the various cells of a multicellular organism is determined. In the normal life of the higher animals, the continuous reactions to changes in the environment, the coordination and correlation of function and activities are carried out mainly thru the intermediation of the nervous system. It is only in respect of the complexity of his nervous reactions that man himself has any advantage over the lower animals or plants. The development, however, of a special nervous system has not abrogated the more lowly and primitive method of reaction by chemical means."

It goes without saying that there is an interdependence among the organs, tissues and cells of the organism. In a social state there is solidarity and competition among its members, an injury to one is an injury to all and the limitations of the one are counterbalanced by the efficiency and creative power of the others. With the current ideas and hypotheses prevailing now, with the toxins and antitoxins, lysins and antilyns, antigens and complements, inhibition and stimulation, with phagocytosis, anaphylaxis and immunity, we should not consider fantastic at all the opinion of Hallion, that "very probably each organ, each tissue possesses a function of internal secretion, in virtue of which it cooperates with and contributes to the function and nutrition of all the others. It means in other words, that each organ, each tissue generates one or even many specific hormones. The hormones are specific excitants, and there exist a great number of hormones. The cells which respond to the hormones are also specific cells and there is a great number of cellular species. It follows that a limitless number of combinations and consequent effects are possible and if we keep in mind the law of coordination, a remarkable system of regulation reveals itself, in many respects comparable to the nervous system. Two parallel systems, the

nervous reflexes and these, the chemical reflexes, with the difference, that the transmission thru the circulating system is slower and its duration less exactly limited. And if it is added that the hormones modify in different manners the activity of the nervous system, which is itself, with the system of internal secretion, the great general regulator of the whole economy, we see how complex may be the processes in which the hormones participate."

The thyroid gland, the chromaffinic system or the parasympathetic organs, of which the suprarenals are the representatives, and lately the hypophysis cerebri or pituitary gland, have mostly occupied the investigators, research workers as well as the clinicians. The chromaffinic system gave, thru the discovery of adrenalin, the great impetus to the theory of the hormones. (The extirpation of both adrenals brings death to the operated animals.) Addison's disease, mostly tuberculosis of the suprarenal or of the chromaffinic system, abolition of its secretion, causes death. We know of no disease produced by hypersecretion of the chromaffinic system. I venture to think, that severe cases of arteriosclerosis may have their origin in hyperactivity of the chromaffinic system, as the increase of blood pressure, the tremor, the augmentation of pigmentation, the albuminuria, etc., can be explained in this manner. Moreover arteriosclerosis is usually the disease of the old, when the central nervous system diminishes in activity, when the softening of the brain announces itself and then the aforesaid chemical reflexes preponderate and the adrenalin substitutes the brain. The suprarenal bodies manufacture in their medulla a substance, adrenalin, which travelling over the whole body seems to be a necessary condition for the excitation. In the absence of this substance there is a fall of blood pressure, which is fatal in a short time.

Adrenalin, simultaneously discovered by Takamine (1901) and Aldrich, is now manufactured synthetically and has the chemical formula of $C_9H_{17}NO_3$ and possesses the common chemical reactions of the alkaloids.

In analogy to secretin, it is produced by a distant organ. Thru chemical or physiological analysis it has been established, that adrenalin, like secretin, passes into the circulation, and therefore they are hormones. The blood which comes from the suprarenal capsule is richer in adrenalin than the blood which enters it. The internal secretion of this substance is admitted by all. Adrenalin, like secretin, is rapidly destroyed in the organism. But, says Hallion, it may, after having lost its vasotonic property, still keep some ability to refix itself again in the renal capsule and to regenerate into active adrenalin. At least Caussard has found, that under the influence of hypodermic injections of the suprarenal extract, the glands hypertrophy.

Adrenalin produces increase of blood pressure, it is a great musculo- and vasoconstrictor, and is therefore a mighty local hemostatic, so that it has been considered analogous to Esmarch's

band; it influences the action of the heart (bradycardia) and it produces glycosuria and glycemia. After the extirpation of the suprarenals, the puncture in the fourth ventricle (Claude Bernard's discovery) does not produce glycosuria.

The importance of the thyroid gland, of hypo- and of hyperthyroidism, are known facts. The total extirpation of the thyroids and parathyroids kills the animals sooner or later. The absence of the parathyroids causes tetany. You all know the picture of operative myxedema, of the cachexia strumipriva of Kocher and Reverdin after total extirpation of the thyroid gland as cure for goitre (It is not done any more). You also know the severity of the spontaneous myxedema adutorum and of infantile cretinism. The hypersecretion of the thyroid produces Basedow's or Graves' disease, exophthalmic goitre with all its forms, manifestations and consequences. The thyroid manufactures something, which is necessary for the proper growth of the tissues of the body and especially for the discharge of the cerebral function. Of all possible explanations the most justified seems to be that the thyroid secretes into the blood a hormone which is necessary for the regulation of development and we know that the deficit of thyroid secretion (myxedema) is successfully treated by the administration of the extract of thyroid.

Acromegaly is always caused by disease of the hypophysis, also gigantism. Castration in male and female has also, besides abolition of the function, distant consequences on the whole system of the organism; the physical and psychic status changes considerably. There is doubtless in both sexes internal secretion from the genital organs thru the circulation, which secretion is of the greatest general importance to their welfare. In the male the internal secretion seems to depend on the interstitial glands surrounding the tubuli seminiferi: in the female the corpus luteum is spoken of as the organ of internal secretion. And so it is with all the organs. Beginning with the fetal placenta and ending with the, nowadays perhaps too often eliminated, tonsils, there is very probably, an internal secretion, a continuous fabrication of hormones, in all of them.

As we cannot study the hormones in a pure state, they had to be experimented upon from the complex products in which the respective hormone is in abundance; the extracts of the respective organs have been utilized for the purpose of study. In the venous blood of the organ the hormone is less concentrated, than in the tissue of its production. But studying the hormone from the extract does not mean that we examine it in the exact form in which it circulates in the blood. It may be that this form it acquires only at the moment of the act of the extracellular secretion. Until then it may be contained in the cell in a raw state, as prehormone, just as the sugar in the liver under the form of glycogen. Still the simple extract gave very satisfactory results concerning experimental studies of certain hormones. What is very difficult and even impossible is to know if the prop-

erties of a hormone, discovered physiologically in an extract of this or that organ, belong to one substance or to many in combination. If an extract produces numerous effects, we are not justified in the conclusion about a plurality of substances. In fact, different manifestations, quite distinct ones, may be the result of one hormone alone. Adrenalin regulates the blood circulation and also the metabolism of sugar, besides its other qualities. We know with perfect certainty that only one and the same substance is the cause of it all, but we would be less sure of it, if adrenalin could not be isolated and our experiment would have been reduced to the study of the complex extract of the adrenals. The same question of the unity or multiplicity of the hormones produced by one cell concerns most of the organs. Of the thyroid and the ovary we do not know if they secrete one hormone of various effects, or many hormones empowered with distinct separate actions.

Opothrapy or organotherapy is as old as humanity. It would be impossible to mention even in general terms the history, superstitions, religious frauds and scientific mistakes of old organotherapy. The father of modern scientific organotherapy is, as you all know, Brown Séquard the physiologist, also Schiff is to be mentioned—on the shoulders of the great predecessor Claude Bernard. Brown Séquard was the first one who advocated the use of thyroid extract in disease of the thyroid. He taught the artificial substitution of organs for twenty years. But his elixir vitæ or liquor juvenalis, the injection of testicular extract to abolish senility, the exaggerated hopes he maintained of its use, brought the whole matter into discredit. It required the other great discoveries since his time, and the investigations of a whole army of scientific workers in every land, to find that his one mistake did not do away with the great truth contained in his scientific work. In the United States it is Prof. Chas. Sajous who is one of the first pioneers and theoretical workers in this line. Thru great erudition and amassing of facts his work is classical, (even if one could not follow him in some points and in his almost exclusive devotion to adrenalin). Transfusion of blood, serotherapy, the use of blood preparations, are actually organotherapy in the broad sense of the term. Organotherapy, limited, uses as medicaments the extracts of the organs and these contain the hormones. The method of treatment has different things in view: substitution, homostimulation, regulation and symptomatic effect. Artificial use of an extract is really not a substitution of a living organ in the economy; even implantation could not, so far, substitute nature. But we can carefully study the effect and very often gain by it. In the center of organotherapy stands the thyroid gland. Here organotherapy celebrates incontestable triumph. In myxedema adultorum and in sporadic cretinism or infantile myxedema it obviates in a remarkable way the consequences of thyroid deficit, doubtless thru the hormone or hormones contained in the medicament. Be it thyreo-

globulin Oswald, thyriodine or Iodothyrene, the active principle of the corpus thyreoideæ, if it is one only, remains yet to be found. Thyroid extract has effect on many cases of obesity, chronic rheumatism, migraine, etc.

A case of tetany was cured by the implantation of two parathyroids. Parathyroids in paralysis agitans had no effect whatever in one case of mine. Patient is still alive after eight years of sickness; his mainstays are fresh air, regular life and the use of hyoscine hydrobromide tablets daily for years. Rodagen, the antithyreoid serum of Moebius, gave good results in Basedow's disease.

The symptomatic qualities of adrenalin have found endless applications in therapy, in oto-rhino-larynge-ophthalmology, urology, etc. Even the internal use may produce local and distant beneficial reactions. Besides its utility in hematemesis and hemoptysis, known to all, I have now under close observation an old man of about 70, afflicted with gastric ulcer, who during the last eight months had to take adrenalin very often, sometimes for a week or longer in succession. Everytime, under the influence of 18-24 drops per diem of adrenalin chloride, 1 per mille, there is not only distinct hemostatic effect, not only a distinct increase of blood pressure and a fuller and stronger pulse, but a large increase in the amount of urine voided up to 70 ounces in 24 hours. The moment adrenalin is stopped, the amount of urine diminishes and remains 50 or 40 ounces in 24 hours. The result of suprarenal extract and adrenalin in Addison's disease are so far conflicting. Ovarine has been quite often used in scanty menstruation and in menopause, after the recommendation of Landau. Hormonal, intravenous injection of peristaltic hormone Zuelzer, is very useful in peristaltic paralysis of chronic constipation, according to Zuelzer. Hypophysis extract does not influence acromegalia. E: tractum Pancreatis is useless in diabetes, but diabetes is a conundrum!

Ars longa, vita brevis. Analogies are not scientific facts, generalizations are not natural laws, unless as clearly proven as a mathematical equation or reduced to a mathematical formula. Nevertheless, the aspect is encouraging and the theory and practical application of the hormones is likely to play a great role in the future, to revolutionize not only physiological and pathological assumptions, but, with subsequent discoveries, to help by the way of cure of disease to the still higher development and greater happiness of mankind.

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The Influence of the Sex Instinct on Human Life.

BY DR. L. G., EDITED BY DR. W. J. R.

SECTION III.

Let us now discuss monogamy.

What shall we consider to be monogamy? Is a man in solitary confinement a celibate? Is a man a monogamist who is unable to support even one wife? Is a man a monogamist who is compelled by law not to have more than one legal wife, but has as many prostitutes as he can pay for?—Certainly not. A man is a monogamist when legal, social, and economic regulation give him the right to do as he pleases, and he is satisfied with one wife.

In illustration: the Patagonians. The Patagonians are physically and mentally a noble race, the tallest race of mankind, broad-shouldered and powerful in physique.

"A Patagonian is allowed to have as many wives as he can support, but it is rare to find a man with more than two wives, and they generally have but one." (G. C. Musters, *At Home with the Patagonians*, page 178).

Here we have a normal, non-compulsory monogamy. Let us see what is the status of their sexual instinct: "In sexual morality, in their natural state, they were *by no means lascivious*. The women have been terribly corrupted by traders; but all the whites agree that the Teyulche (Patagonian) women were by nature modest, delicate, and faithful. ("Patagonia," by Spear). But a quotation from Havelock Ellis gives the best explanation: "The Patagonians are noted for their weak sexual instinct." (Havelock Ellis on "Modesty").

The Patagonian, therefore, is satisfied with one wife, not being limited by compulsion; but his lady is not fully satisfied, since she can be corrupted by others; if she were perfectly satisfied, she could not be corrupted.

Another illustration: The Mincapie or Andamanese. These are strict monogamists. ("Asia" by Reclus, Vol. III, p. 429).

In the Andaman Islands, according to E. H. Man, bigamy, polygamy and divorce are unknown. (Westermarck "History of Human Marriage" p. 436).

In the Andaman Islands the women, before marriage, i. e. before becoming the property of one man, give themselves up to the most unbridled prostitution, and yet the most innocent according to the morality of the country.

Putnam, who knows the Andamans well, says that sexual desire among them is very moderate: "Their love for sport is greater than their passion; which is not gratified to any great extent till after marriage, which rarely takes place before the age of twenty-six. (H. Ellis, "Analysis of the Sex Instinct," p. 215).

Here we have a race, in which the sex instinct of the male is far weaker and later developed than in the female. Monogamy, non-compulsory monogamy, is the result. The female has to satisfy herself, and does so, outside of her marriage arrangement, which comes rather late for her.

A third illustration: the Fuegians or Onas. These are undoubtedly Patagonians. Mr. Bridges writes that in Tierra del Fuego polygamy is practised, in some districts very rarely, in others more frequently, but in no part generally. So here again we have a non-compulsory monogamy, i. e., a man is at liberty to do as he pleases; their morality is not opposed to any marriage arrangement they may choose, and still they are monogamous, as the following citation will show.—"Altho chastity is not esteemed by the Fuegians, and virginity is lost at a very early age, yet both men and women are exceedingly moderate in sexual indulgence. (H. Ellis, "Analysis of the Sex Instinct" p. 215).

Thus once more we have a sexually weak nation and monogamy is the outcome.

The Nogas of upper Assam confine themselves to one consort at a time. (Westermarck, "History of Human Marriage" p. 436). The Nogas belong to the Thibeto-Burman group, a group known for its sexual weakness. The Thibetans, as I have already attempted to prove, are a sexually weak race, and so are the Burmans. The combination could not be stronger than the two original stocks.

The Pandam of Bhutan not only censure polygamy, and practise it only exceptionally, but they do not buy their wives, and leave to them the liberty of marrying as they please.

The Pandam or Abors belong to the Thibeto-Burman race, are allied to the Nogas, and speak the same dialect. This is sufficient introduction. They are not entirely monogamous, but the mass of the people are so.

I claim that polyandry is an indication of a weak sexual instinct in the male; and I claim further that to change a polyandrous nation into a monogamous one, by artificial regulation, will sooner or later wipe the tribe from the face of the earth.

The Pueblo Indians are considered monogamous. They consist of the following tribes: Pueblos proper, Moquis, Pimas, Maricapas and Papagos; they are Christian. They are given

by Westermarck as monogamous people. Among them the girls do the wooing and proposing. Polygamy is never allowed, but married couples can separate if they are dissatisfied with one another. (Bancroft's "The Native Races of the Pacific States of U. S." Vol. I, p. 526). But we know that they have been polygamous, and that only under compulsion did they become monogamous. Once a tradition is established, the race follows blindly; but Nemesis pursues them, punishing them for breaking their natural marriage system. Hence we find the following:—"In former years polygamy was general. Since polygamy ceased, the separation of husbands and wives, and their remarriage with others, are particularly common. Chastity in girls is not held very high. The fact that a girl has a child before her marriage, or has been divorced, is, where Church influence does not reach, of little hindrance to marriage. Some intertribal prostitution is everywhere freely acknowledged; and where the natives live near the whites, mixture, both clandestine and by marriage is prevalent. (Bureau of American Ethnology, Bulletin 34, p. 50 and following.)

I mention this race because Westermarck gives it as an example of monogamy.

The Kabyles are strictly monogamous; they were Christianized, then they became Mohammedans. I think that their monogamy, with the cross they still wear, is a remnant of their Christianity.

Christian Abyssinnia is monogamous in the same manner as the Pueblos: separation is very, very common, and prostitution is by no means rare.

The Tuaregs are, in my opinion, a sexually weak race, descendants from some polyandrous race, which by the admixture of some sexually stronger race has become monogamous, like the Thibeto-Burman group.

In the monogamic state, with a few exceptions, the women are treated with moderate consideration. The exceptions arise in countries where polygamy has been displaced by monogamy, as among the Kabyles.

In the primitive state, a man sexually strong stands, in relation to his family, like the bull at the head of his herd: he is the ruler of it, he fights every male that may attempt to interfere with his harem.

The sexually weak man, on the contrary, does not care much what becomes of his females, especially at the time of satiety, unless there are some other interests at stake. The man treats his females with more consideration; this is what happens in a *naturally* monogamic race.

SECTION IV.

In considering polygamy, I will select the Bantu group, for the following reasons:—1. It is a very large group; 2. They are universally polygamous.

This group occupies nearly the whole of Africa, South of the equator, except the territory of the Bushmen and of the Hottentots. It includes, besides the Suahelis, the Mazimbas, and the Kaffirs on the east coast, the Sakalavas of Madagascar, the Bechuanas west of the Kaffirs, the Zulus, and nearly all the numerous tribes of the Congo, the Angola and the Zambesi river basins,—about 100,000,000 people in all. They are usually tall and well-built. Polygamy is universal. ("Race and Peoples" by D. G. Burton, p. 189).

Not only is polygamy universal, but it is nearly impossible to extirpate it, and all attempts of missionaries in that direction have been useless. As Father Corli Candidi owns: "An energetic attempt was made to abolish polygamy, but it failed." And he states further that his main difficulty lay in bringing the multitude to keep to one wife, the natives being wholly averse to that law. ("Two trips to Equatorial Africa" by E. Burton, Vol. II, p. 207).

Now what is the cause of such a strong inclination toward polygamy? Johnston, in his work "British Central Africa," gives us the explanation. In regard to the Bantu group, he writes as follows: "In both sexes, the development of the external sexual organs is large, larger than in the white race, more considerably still than among the Mongoloid (yellow) races, of Asia, America and the Pacific." (p. 399). Further we read in the same work: "The little boys are much sharper and shrewder than the grown-up males; as might be imagined, the concentration of their thoughts on *sexual intercourse* is answerable for this falling away."—"This is the negro's great weakness. *Nature has probably endowed him with more than usual genetic faculty.* After all, to these people, almost without arts and sciences, and the refined pleasures of the senses, the only acute enjoyment offered them by Nature is sexual intercourse."—I do not value Johnston's reasoning, for it is fallacious; why do not the Thibetans, under nearly the same circumstances, act like the negroes? But the fact that "Nature has probably endowed him with more than usual genetic faculty" explains very correctly the attitude of the negro towards sexual intercourse. He is always ready and willing; so much so that a negro meeting a female in the field would have intercourse with her, and a refusal on her part would be considered a serious offence. Indeed, if he should pass her unmolested, she would call out in astonishment, girls having no such strict notion of morals as we have become accustomed to. In fact, the Bantu negro considers sexual intercourse on the same order as eating; if he wants to eat, and can get food, he eats; if he can get a partner for sexual intercourse, he will do it. With him or her, it is a question neither of morality nor immorality.

Once married, their morality is strict, and we read in Johnston's work: "However ready some of the women are to dissolve the marriage tie, they are generally faithful to one

husband at a time. Indeed, I should say their tendency was to be chaste, and not willingly to depart from one husband, unless he shows indifference or cruelty." (p. 413).

Sometimes, on account of poverty, a man will marry but one woman, and the women are the first to object to it. To quote Livingston: "Along the whole course of the Zambesi, the number of wives is the measure of a man's riches, and the women are the first to find this quite natural." Burton expresses it still more pointedly: "Polygamy is of course the order of the day; it is a necessity to the men, and even the women disdain to marry a "one wifer".

It seems then that the women are sexually satisfied, that they have no reason to complain of their husband's neglect, or to be jealous of one another for preference; he fully satisfies them all. Wilson and DuChaillu both assert that the wives rarely disagree among themselves.

There are no spinsters, no bachelors: everybody is married to somebody, and the time between separation and remarriage is so short that you seldom find a woman between the ages of fourteen and menopause free from marriage. Moreover, celibacy is not a virtue but a crime, because there are no impotent men, and no reason to make a virtue out of impotency. Children are desired and well treated. Therefore among some tribes the marriage is not valid until the woman has proved that she is able to bring a child into the world.

I said before that among sexually strong people the male likes to act the ruler, and is like the bull at the head of his herd. In accordance with this, we find the social organization of these peoples to be military, but slavery is unusual.

Any change in this system, especially any attempt of the missionaries to introduce monogamy, has always resulted in prostitution and the breaking of the marriage tie entirely. It is not only travelers who make this statement, but the missionaries themselves could not suppress it.

I cannot refrain from giving a few extracts concerning the American Indians, to make this evil consequence of interference with a natural marriage system more striking. The United States tries to substitute monogamy for the native arrangement and to abolish separation. And what are the results? "A large proportion of offences are infidelity to the marriage relation." (Report of the Commission of Indian Affairs, Fifty-eighth annual report, p. 291.)—"The prevailing Indian offences are wife-beating, infidelity in marriage, and licentiousness among young people. (Fifty-eighth Annual Report, p. 273.)—"The present condition of affairs is such that many families live in open adultery, because the parties having parted are unable to secure divorce, and 'take up' with each other illegally. There are many such cases." (Fifty-eighth Annual Report, p. 212.)—"The marital relation is in a grievous state, and the *only* serious trouble since my charge resulted from this. They think lightly of changing wives 'with the changes of the inconstant moon.'" (Ib. p. 195.)

These are a few extracts taken from one annual report; the rest may be surmised.

Under polygamy the women are not treated well; they are in every respect considered the property of father or husband, and treated accordingly. They are bought, sold, exchanged, and lent. They have no voice in tribal affairs. They are punished corporally for every offence. Still many eye-witnesses claim that they are treated more fairly than the European laborer treats his wife. The savage dame is never punished except for an actual offence, whereas in Europe a woman is sometimes punished because her husband is drunk, etc.

Among all these natural races, whether polyandrous, monogamous or polygamous, the division of labor is along sex-lines, *i.e.*, the woman is to be a mother and a nurse, hence everything about the household belongs to her. The male is not encumbered by these duties, is free to move about; therefore hunting and fighting is his occupation, and it is considered derogatory to his dignity to do the work of a woman. In consequence, when he is not fighting or hunting, he kills his time in lazing or in gambling.

Some of the very kind-hearted lady missionaries would want us to believe that the poor savage woman is a miserable slave, and that she needs Christian missionaries to improve her condition. It is not true. She is treated better than the poor women of our own Christian countries, and the work she has to do is so insignificant that one Irishwoman could do the work of the women of a whole village, and have plenty of time to gossip and get drunk. The savage woman is not ill-treated, but ruled by the strong hand of a sexually strong man—*vir*.

I think that thus far I have to some extent proved that under normal circumstances polyandry means a weak sexual instinct, monogamy a moderate instinct, and polygamy a strong sexual instinct in the male. Further, that any attempt to change this system, either by politico-economic (stomach) forces, or by religio-moral (brain) forces, leads to disastrous results; *i.e.*, if polyandry is forcefully displaced by monogamy, the birth-rate falls off and the race disappears; or, if polygamy is forcefully displaced by monogamy, prostitution supplies the unsatisfied demand produced by this change. It is sufficient to glance at any of the old monogamic countries, like Greece, Rome, Egypt, Mexico, Peru; in all these countries, on account of politico-economic conditions, monogamy was forced on the race and prostitution followed; just as among the Bantu races, wherever even temporary monogamy is introduced by missionaries for Christian morality's sake, prostitution follows.

A few words as to how I have collected the foregoing facts. I wrote on separate slips the name of every tribe I found in Reclus's "Universal Geography", and then added, one by one, any facts that I thought would throw light on the question, as I came upon them in my reading; as for instance, the economic

condition of the country, state of civilization, climate, food, dress, ornaments, bodily strength, etc., etc. When later I examined and re-examined these records, I found there was only one immutable cause exerting governing power over marriage systems: the *Sex Instinct*. Economic and moral conditions are only modifiers,—sometimes for the better, but most commonly for the worse.

In selecting my examples for polyandry and polygamy, I chose Thibet and the Bantu group respectively, because they are unmodified, and in my opinion typical cases. As to monogamy, I opened Letourneau's book on Marriage, on page 171 of which begins the chapter on monogamy, selected from among my collection each race which he quotes as monogamic, and have given here what I then set down on those slips, so that I did not just select my cases, but took them as they came.

There are other interesting marriage systems, some adapted to a military nation, others to a communistic nation; but to deal with them here, would lead me out of my line of reasoning. My purpose is to show the influence of the sex instinct on human life,—nothing else. In the following instalment, I shall show how all existing religious marriage systems originated solely from the sex instinct of their religious founders.

The Heart-Cry of a Woman—A Remarkable Human Document.

Dr. W. J. Robinson,
New York City.

Dear Doctor:—We have been living on a farm in this state for about fourteen years. Have no fortune laid by, but are comfortable and above immediate want. My husband has become much dissatisfied. Says he should have the ability to make more money, and make it easier than he does here. He has been deeply interested during the past four or five years in sexual problems, venereal diseases, social conditions, etc., and has taken up the idea he can enter into work of that nature with profit and pleasure, as well as do much good.

When we were married eighteen years ago at the ages of 21 and 20, he as well as myself, thought that the monogamous marriage system, and one's living according to the marriage vows was all right. Since reading so many books on the sexual subject, he has lately said that customs and conditions were all wrong. That a man's nature was polygamous, and that his sex instinct demanded more gratification than what the wife could give. He does not want to patronize the public prostitute for fear of disease, but says he can see no harm or wrong in a man having a concubine or mistress. He seems to think that if I was more generous, and liberal minded, as I could be if I only would, that I would not object to his courting and caressing and getting another woman in love with him, and then just bring her to live in the house with us.

I am not a member of any church, and do not believe everything must be according to Bible doctrine, but I cannot now prevent the way I was raised, and trained and taught; and tho there are many examples to the contrary, I cannot help but think that the health and happiness of the homes depend largely on the husband and wife keeping the marriage vows, and keeping sacred the relations between just those two, who have united thru love, to comfort and care for each other, build up a home, and rear children to whom she will be mother, and he father. Man's nature may demand extra-marital gratification, but I feel sure that there are not many women living, to whom another woman in the house in the capacity of wife or concubine would not mean daily and hourly agony. He says he will not indulge in sexual gratification with any one else without my consent, but I am sure at times he feels that I am not just, and do not try to please him as I should, when I cannot willingly consent to such actions. I have been so surprised and hurt at his thoughts and attitude about the matter, that I have been hardly myself for several months. He says that he does not feel this way from the lack of quantity or quality of the gratification that I have given him, but simply because of the craving for variety, and to have the opportunity of courting another, and the desire for conquest.

He expects to visit you at your office when in New York, which will probably be in two or three weeks. He has thought that possibly you could help him in some way with advice or suggestions about carrying on social work. I know that you have said that you did not think absolute continence best or quite possible for most men, and I agree with you there. But I feel almost sure that you do not advocate any respectable, intelligent man's necessity for keeping another woman besides his wife, or maintaining extra-marital relations. I believe also that you are sufficiently just to realize that we women are not altogether responsible for the one-wife custom, and we cannot help the cravings of our hearts for the entire and undivided love and attention of the one man to whom we have given everything. There seems nothing so sweet, or good, or grand to me, as the love of a man and his wife that enables them to go down thru the years of life, hand in hand, meeting the troubles and trials, raising their children as best they can, helping those with whom they come in contact, and thru it all devoted and true each to the other. The trust and confidence must surely repay either for all sacrifices made, or sexual instincts repressed.

We have three boys—13, 11 and 9 years old. I was brought up in a quiet country town, and have perhaps an unwarranted horror of raising children in a large city. If my husband should obtain work in your city, or any other for that matter, I know I would have fears both for him and our boys. For him, so long as he believes as he does for the temptations are so constant and sometimes so great, and it is impossible to keep and watch over

where a man goes, or how he spends his time in a city of even moderate size. I don't want to be unjust or selfish, but at times I feel that my heart is just as much a part of my body, and its demands as imperative as my husband's sex organs and their demands are a part of him. He perhaps cannot control his thoughts, but he can control his actions, and maybe that wouldn't be any harder for him, than it is for me to stifle my desires for a better house, much needed furniture, etc. We are really able to have these, and it would give no one misery or unhappiness, yet we are still doing without, and I have not complained. I do not crave finery or riches nearly so much as I do devotion and love and happiness.

I know that I have no right to ask it, or reason to think that you would care, but if you could get him to see that I am not altogether to blame for the way I think and feel, and that I do not ask or want his faithfulness simply to make him live according to customs, or "be good", but because I love him, and want his love, and to keep our confidence and trust in each other pure and clean. When he fell to the temptations of a stenographer last summer, and kissed and hugged her with her consent, called where she boarded, and met her an hour at noon each day in the office alone, I was hurt, and felt that tho he said he did not care a straw for her, or love her, that there was an indescribable something lacking. He was risking much. He might have fallen to her "charms", and it may be silly jealousy in me, but I feel that since kissing and embracing is one of the strongest expressions of love, that they should not be indulged in except with those who we do really love, and whom we have reason to think love us. He says it is "the devil" in him. That he was born with it, and will probably die with it. Still I know that he would rather do right than wrong. He has this male instinct to a strong degree, and it is because of this that I dread his going to the city to live, or take up work that takes him for long periods away from home. We could not well leave crops, stock, etc., and all move now, and it looks nearly impossible for me and children to stay here alone five miles in the country with only negro hired men, while my husband worked in a distant state, to say nothing about what might befall him by being so long away.

Of course, I do not want you to mention that I have written to you. He would resent my telling others about his thoughts or actions, and probably do worse, for he often remarks that he is too contrary to do what others expect, or what is right. You will probably discuss the subject with him if you talk to him at all, and what you say would have to be in a general way without reference to me particularly, but of women in the same station of life, and with the training that the average respectable girl has.

Sometimes I think he surely must be "daffy" on the subject of sex and that perhaps something might be done for him to allow

his mind and thoughts to be more at peace and his sexual nature more calm. If you think such a thing possible, and believe any course of medicine, study, or reasoning and association would help, I certainly would be glad to give almost any sum to have this brought about. It seems so awful that he should be so much troubled with fighting this "devil" constantly and continuously. He has this past winter asked me to let him go and lead a riotous life in the underworld, and if he come back without a scandal or diseased, to promise to take him and forget it all. When you see and talk with him, you will likely say I have told untrue things on him. He is honorable and has high ideals in every way, and is a good man in every respect save this one; and I am convinced that he really wants to make me happy and do right, but that these ideas are the result of reading and a morbid imagination. He is very queer in some ways. Quiet, and not given to mixing with crowds, or make acquaintances easily. Should I try to be resigned to his way of thinking and help him in the way he sometimes wishes, or am I right to hope and trust and try to keep temptation from him, and believe that he will eventually overcome these things?

Everybody is making a great hub-bub about the innocent wives and children suffering from the effects of the husbands' "wild oats" before marrying, and it is too bad. But isn't it just as bad, and just as sad to think of the divorces, the trouble, murders and unspeakable mental misery that is scattered everywhere from the effects of the "wilder oats" or thorns sown after marriage? I know among my own limited acquaintances several women who pretend to the world that they are happy, but who are broken hearted and worse than dead, for the dead do not think nor suffer. Their hearts are wrung with the knowledge that they, who thought they meant so nearly all of life for the husbands, do not fully satisfy, and that to emphasize the fact he goes out and gets another.

Perhaps I am too old to whine, but I am not too old to feel. I am, except for the children, alone now in the world so far as relations are concerned. I left parents, friends, and kin in a Western state when I married. Only three times in the eighteen years have I visited or seen any of them. My mother died and I could have been away. I have stuck to him thru years of toil, sickness, debts and adversity, and I am sure he will say I have made him a good wife. From overwork, worry, and these things I have been writing about, I am almost a nervous wreck. I guess you understand how I feel. I am not so fresh or pretty as I once was. To save his money I have never indulged much in pretty clothes, etc. Now you know why I want his heart pure and clean and all my own. My life seems to depend upon it. Help me if you can. I thank you for your patience, and will not ask an answer unless you want to do so.

Very sincerely,

MRS.— *Texas.*

A Review of Dr. Robinson's "Sexual Problems of Today" and Some Reflections Suggested Thereby.

BY JOHN C. SUNDBERG, M. D., SEATTLE, WASH.

[The author of this review is a globe-trotting physician, familiar with most European languages and half a dozen Asiatic ones, whose irrepressible wanderlust has gained him the sobriquet of "Roving Jack." Dr. Sundberg was at one time United States Consul at Bagdad and is a member of many scientific bodies.]

The importance of the study of sexual disorders is such that, with sexual psychology, they should form an important part of the high school curriculum. The pupils are ripe for it, or they should be ripened. A high school girl, eighteen years of age, modest, sensible, well-behaved, asked me several pointed questions, which obliged me to explain to her fully the nature of venereal diseases, etc.

To take up your indictment of man, in ten counts (pages 13-52):

Count Number One.—An indictment of the man who considers woman a breeding animal. You have laid yourself liable to Ecclesiastic Condemnation. My grandmother had sixteen children, and she would condemn you too. I know a physician who would not give an anesthetic to a woman in labor, because God had ordained that in pain and sorrow, in anguish and grief, was she to bring forth her children. He would also condemn you. There only remains then, besides the majority of the women, a few tender-hearted husbands to bless you.

Count Number Two.—The venereal infection of wives. I have also known cases similar to that of Mr. X. I have known a woman willing and anxious to marry a syphilitic, whom in her heart she loathed, merely because he was rich. I have also known a commercial traveler who, after having infected his wife with gonorrhea, said to her: "It is your fault, you refused to go with me on this trip (the trip was one of five days' duration) and I had to seek gratification elsewhere. I thought the woman was all right." So much the greater need of women (and men too) being instructed.

Count Number Three.—You say: "It is a greater misfortune for a woman to have an impotent than a venerably infected husband." THIS IS SHOCKING to such as consider it disgraceful for a woman to have any sexual feeling at all; and there are many such. There seems, however, to be something radically wrong somewhere. A boy's sexual passion is aroused very early; a girl's very late, if ever. My own observation points to between 35 and 45 as the age, when woman is most passionate. By that time most men's passion is waning.

I know one woman of 59 who declares that she is as passionate as she ever was. She is a widow and wants a "young and vigorous" husband. Many women have told me that their husbands only succeed in getting them excited. There is something wrong. It seems as if a boy of 20 would be best suited to a woman of 35 or 40. Where illegitimate children are still fashionable, as in Sweden for instance, the greater number are born of mothers who are over 25 years of age.

Norway, Denmark and Finland show the same relative illegitimacy frequency for the different age periods, while in Germany the highest rate is for unmarried women between 20 and 25.

In the 10 year period 1851-60 43.4% of all children born living in the City of Stockholm were illegitimate, and one year 46%. In 1894 the illegitimacy rate had fallen to 28.9—not because the inhabitants of Stockholm had become more moral; no, *they had become wiser.*

In none of the Scandinavian countries is illegitimacy considered much of a disgrace; and if marriage takes place before the child is born, there is no disgrace. In Mora parish, with 8,000 inhabitants, the pastor told me in 1896 that in 30 years he could not remember having married a couple when the bride had not either had a child or was visibly pregnant. In those 30 years he had performed at least 1800 marriage ceremonies, probably more.

In Norway and Denmark conditions are similar. Similar in Bavaria and some parts of Austria.

In Carenthia 46% of all births are illegitimate. This is largely due to legal and financial obstacles to marriage. In my childhood in Norway I heard an excellent, good, virtuous woman declare that "there are no virgin brides." Of course she had never been in America. A woman went to her pastor and complained that her husband went with other women. He asked her: "Does he not satisfy your needs?" She replied, shamefacedly. "Yes." Then he told her: "The good book says that what we have in abundance we should share with our neighbors." That is the consolation she got.

I know a man who is past 78, who has sexual relations with his wife as often as five times in a night, and with other women when opportunity offers. The wife, who is a physician, told me herself. I have one patient who is nearly eighty years of age and another who is past 91; both feel that they ought to get married again.

Speaking of venereally infected men, you say: "I would not hesitate to inform the prospective bride of such a man, etc." That is the way I feel. Supposing that the bride were my own sister or daughter, would I not prevent the marriage, even if I had to disregard professional secrecy? But what I would do for my own sister or daughter I ought to do for some one

else's sister or daughter. I have discussed that question with Catholic priests who tell me I am wrong. My point is: I must protect him who has already committed a crime; but not one who intends to commit a crime, if I can prevent it. If he has already infected my sister or daughter, it is too late to do anything; my duty is then to remain silent. I have put this hypothetical question to priests: "A man confesses to you that he has put an infernal machine under a school house. It is set to go off in say, two hours, when the house is full of children. Would you not then hasten to the school house and remove the infernal machine. You need not expose the criminal?" "No," the priest replies, "before I leave the confessional I *must forget* all I have been told."

"Very good," I say, "but supposing he tells you that he has put this infernal machine *under your house*, and it is set to go off one hour after midnight. Of course, as you leave the confessional you forget this entirely, and you sleep sweetly till you awake in heaven." Some say: "Yes." Others: "I am but human, I could not sleep till I had removed the infernal machine."

My opinion is: *Prevent* Evil whenever it is possible. Whoever intends deliberately to commit a crime, and who cannot be dissuaded, has no right to protection.

Count Number Four.—On page 29 you class the sexual morality generally preached as sexual hypocrisy.

I am afraid it is true. We preach one doctrine and practice another. And I heard, not long ago, a noble, good, virtuous wife and mother say: "There are worse things than extramarital sexual intercourse. If a man and woman agree to such relation it harms no one." Another woman, unmarried, lawyer by profession, visited an anarchist and free-love colony in this state:—"The women, all of whom I was assured had had sexual experiences, seemed to me brighter, happier and more intelligent than other unmarried women of the same ages."

Count Number Six.—"The childless wife." The Maharájáh of Jeipore had nine childless wives. In 1879 I met General Grant and party at Delhi, India. Col. Fred. D. Grant (later General Fred. D. Grant who died recently) and I were discussing the childless nine-fold marriage. Fred Grant said: "If the Maharájáh will appoint me as general superintendent of the harém I think I can remedy that."

Count Number Eight.—I knew a woman of high ideals. She told me that she was very passionate. She never married and led, I am fully convinced, a chaste life. She said repeatedly: "I would rather be married than single; but I would rather be a man's mistress than his wife." She was rich and highly educated. I knew her from the age of 23 until she committed suicide at the age of 48.

Count Number Ten.—The double standard of morality is theoretically wrong; but in practice we all uphold it. Some

think the only remedy is for woman to get down to man's level. They think the uplifting of man is a hopeless task. I don't think it is.

"The Influence of Sexual Abstinence on Man's Health and Sexual Power."

The health and longevity of monks seems to prove that abstinence is compatible with health in some individuals. But, as you point out, they must not allow their minds to dwell on sexual matters; they must be so occupied with serious, all-else-absorbing thought that the day seems too short; they must do strenuous physical labor. Hard study does not suffice. That it is easier to abstain for one who has had some sexual experience than for one who has not, I doubt—at least, my own experience seems to prove my opinion to be right. I was a sailor 8 years, from the age of 16 to 24. Before that as a school boy, I studied very hard, and taught (languages) and *starved*, the sexual impulse was strong; but I had no experience. The hard work, *very hard*, on board ship, especially when in harbor loading and discharging (sailors and not stevedors did the work then, and we sometimes, in the Baltic, had to work 12 to 14 hours)—the hard work made sexual abstinence easy. At sea, when I had watch below, I studied 3 or 4 hours daily (languages, mathematics, physics, chemistry) by myself. At 19 I had my first experience. After that abstinence became more difficult. When later, as Master Mariner, I performed little or no physical labor, it was hell or purgatory. Again I tried hard physical labor, and in my opinion it is an excellent anaphrodisiac. In my case religion did not act as a restrainer, for I had none. I was an Atheist pure and simple—and more simple than pure. But religion helps the *truly* religious—not the hysterico-emotional variety. I had a patient, a devout Catholic, age 23, laborer. The Libido Devil gave him no rest day or night. He could not marry, and his religion forbade extra-marital intercourse. I upheld his religious scruples. I recommended more prayer, stronger faith that prayer would help (auto-suggestion, but did not tell him so). I prescribed bromides, etc., and told him to get married as soon as possible. I feared that libido would overwhelm him, and that he would yield, and then repent and despair and lose his reason. I had not much faith in anaphrodisiac drugs; *in this case* I had more faith in prayer; and I tried to strengthen *his* faith by *pretending* strong faith myself. "Hypocrisy"! you will say; and I confess it was hypocrisy on my part; but it had good effect. *His* absolute reliance on supernatural support helped.

"Reasons for Regulation of Offspring." True every word. Most people believe with you, but are afraid of public opinion or ecclesiastic condemnation. Savage races believe it. The wild aborigines of Australia make an artificial hypospadias on themselves with a sharp stone as a preventive measure. The Sauthals, an aboriginal tribe of Bengal, among whom I spent several months in 1877, commit abortion by the introduction into the

uterus of a stick of wood that swells up from warmth and moisture.

In population we must place quality above quantity.

I prefer obstetric practice to any other, because it is physiologic, and because all are pleased when it is over. Only once have I met with a rebuff. The woman (married, first child) hoped it would be killed in birth. It was not. After the baby was washed and dressed I carried it to the mother. She said: "Take away the dirty brute; I don't want to see it." Surely "it is better for the race that such people should remain childless."

Page 113 § 1.—"The fault with our philanthropic organizations is that they do not look beneath the surface.

I, who am partly slum-raised, and who am familiar with slum life in most of the large cities of the old world as well as the new (London, Paris, Rome, St. Petersburg, Stockholm, Christiania, Copenhagen, Calcutta and other Indian Cities, Bagdad, etc.), I, who know how it feels *to beg*, I say it: Our charitable organizations are woefully superficial. The underlying causes of immorality, crime, pauperism, insanity, etc., are but imperfectly understood.

You say: "When men on account of our social and economic conditions are compelled to marry at the age of 25, 35, or even later, then prostitution becomes not only a useful, but an absolutely necessary institution."

First then, our social and economic conditions are at fault, and sadly at fault. Thru necessity, based on faulty conditions, the young man is forced to seek relief of the prostitute. Unfortunately, having acquired the habit before marriage, he continues, *from habit*, to patronize houses of prostitution after marriage.

I claim that relations with a prostitute produces a different effect from relations with a woman you love. It gives physical relief, but has a bad effect on the mind. It fills one with disgust. You loathe yourself. But you repeat it, of course, until your esthetic or moral sense is blinked.

There is a mental side to sexual gratification. Man wants a woman all to himself; it is the nearness to her, a nearness he knows and feels no one else can have, that soothes him.

And, strangely enough, tho he be old (70 or more) he wants a young woman, a virgin. There is a Hindú proverb: "An old man with a young wife is like a toothless dog with a bone, unable to enjoy her himself, yet unwilling to share her with others."

You say that there are 50,000 prostitutes in New York—that means that 5.77% of all unmarried women (maidens and widows), between 15 and 45 years of age, are prostitutes, or about one in 17. What per cent of the men of New York support them? There are probably about 866,000 unmarried women in New York between 15 and 45. In 1890, when New York had 1,515,301 inhabitants, the number of unmarried

women of that age (15-45)—was 218,606 or 14.43% of the population or 51.31% of all the women of that age period. (As unmarried I class single, widowed, divorced and unknown) while the number of married women between 15 and 45 was 207,501, or 48.31% of all the women of that age. If the same proportions hold now, then my figures are right. One out of 17 unmarried women of child-bearing age is a prostitute; and perhaps one half of all the men visit prostitutes at some time. Horrible but true!

In Norway, in my childhood, prostitutes were registered and examined twice a week. If infected they were sent to the hospital from the examining room direct. It is so no longer. Norway has become moral. What is the result? In 1895 the health officer of Christiania as well as the police told me the result was bad. I put on my virtue mask, and attempted to show the health officer the moral-corrupting tendency of registered prostitution, the shamefulness of it. He replied: "Sewers stink, but they are necessary." We have had the question thrashed out pretty thoroly in Seattle within the past couple of years. One minister in a public address thanked God that the red-light district had been wiped out, never, *never*, NEVER again to be opened. A few months later he advocated its reopening. It was reopened. Then he flopped once more. It is abolished now, and there are no prostitutes in Seattle—only a few thousand very pleasant, agreeably accommodating society ladies.

"The question of Abortion." If 100,000 abortions are performed annually in the City of New York, that means one abortion on every 13th woman of child-bearing age!!

"THE MOST EFFICIENT VENEREAL PROPHYLACTICS." Horrid! Shocking! Disgraceful! (Please lend me a few more adjectives to express my indignation). Not only do you advocate the prevention of conception, thus depriving obstetricians and abortionists of the means of earning their living; but you show people how to escape the consequences, the punishment, the wages of sin, and you thus deliberately take the bread out of the mouth of physicians and quacks and druggists, whose principal income is from treating venereal diseases! And you are even trying to reduce your own income! It will be necessary to have you examined by competent alienists. It is not safe to let you be at large. It might be well at the same time to have reckless health officers attended to. The typhoid death rate of Chicago in 1891 was 173.8 per 100,000 inhabitants. This rate was gradually reduced till in 1910 it was only 13.7. In that year there were 3399 fewer deaths and probably 28000 fewer cases than if the sanitary condition of 1891 had prevailed.

Each case probably pays the physician for six or seven weeks' attendance \$100. Chicago physicians then lost on an average by the Health Commissioner's wrecklessness \$2,800,000 in one year on typhoid fever alone. The nurses lost. The undertakers lost not less than \$340,000. The druggists lost not far from half a million.

It will be necessary to protect physicians and druggists and nurses and undertakers against such writers and teachers as you, and against all wide-awake, up-to-date health officers, and against the machinations of the American Public Health Association, the Public Health and Marine Hospital Service, and all other societies of visionary cranks.

I started with the intention of writing a review of your book, but I have been so shocked that I could only write denunciations. I should like to write a review of it for a good, pious, church paper.

Anent Prostitution. It can never compensate for marriage with normal men. Nor is it true, what even mothers of marriageable daughters say, that "he will be a better husband for having sown his wild oats." But as there are many men, and women also, who never, for the good of the race, ought to marry, and as long as there is no provision for putting degenerates out of their way or making them harmless, prostitution is no doubt of benefit. As prostitutes are usually childless it checks the birth of degenerates. Anyhow prostitution flourishes in all *so-called* civilized lands. In one city, Bagdad, there are, I was told, no prostitutes. There is some clandestine prostitution outside the walls of the City. And the Eunuchs sometimes assist in furthering harem intrigues. If found out the punishment is death for both the woman and the man and the Eunuch.

In the desert, among the Bedouins, there is neither promiscuity nor prostitution. I am a Bedouin of the Shammar tribe *by adoption*—was adopted during the cholera epidemic of 1893. There is very little venereal disease in Bagdad. If venereal infection is a fair criterion of the morality in the army then British soldiers in India are eleven times as immoral as native soldiers and eight times as immoral as Turkish soldiers in Mesopotamia.

I was physician to the harém of the Nakib of Bagdad who is reputed to perpetuate his youth and virile powers by eating the hearts of young boys. The Nakib is a saint, a very holy man, guardian of Abd-hl-Kadir Gilani's Shrine. It is he

"Whom each pure heart of guiltless youth,
Which he with prayer and chants devour
Yields up its vital strength for sooth,
With wisdom, vigor, magic powers."

I was physician to his harem. He wanted to convert me to Islam, and as an inducement he told me that for each true Muslem has been prepared a mansion in Paradise, where awaits him a Houris of surpassing beauty. She is so sweet that if she spat in the ocean its bitter waters would become sweet as honey. Her hair is of such dazzling brilliancy that if a single hair fall on Earth it will illumine the whole world. Her breath is as the fragrance of orange blossoms, her perspiration the attar of roses, her arm pits smell of musk, and other parts of her body

emit the perfume of ambergris and a thousand flowers. She is seated on a rose with a hyacinth for foot-stool, and she is arrayed in 70000 robes of such exquisite fineness of texture that their combined weight is but as a single hair of your head, and these robes change color 70000 times every minute. And she has 70000 rooms, in each room are 70000 beds, on each bed 70000 pillows, and on each pillow recline 70000 damsels, each more bewitching than the other; and with each of these in turn shall he enjoy conjugal embraces as often as he has fasted days in Ramazan, and each embrace shall last 70000 years, she shall return to him each time a virgin, and yield him pleasures greater than 70000 virgins on earth!

In my early days I spent a year in South America (Peru). There sexual life is also free and easy; and I do not know of any happier, more care-free, more hospitable and kinder people than the Peruvians, unless it be the Arabs.

I must go back to Scandinavia for a moment. In Skara, Sweden, I was told that the prostitutes who, I understand, are registered, have to keep a book in which all male visitors have to register. If a girl is found infected all the men who have visited her within two months are summoned to the police surgeon for examination.

In Christiania, since the abolition of registered prostitution, all physicians have to report all venereal cases. I asked a physician if he would report the bishop if he had gonorrhea. He said: No. The truth is, prominent men and women, university students, etc. are not reported.

Now I have not reviewed your book at all. I was too shocked. These shocks shook loose a few stray, incoherent, rambling thoughts, which I have jotted down. I am glad to have read the book. I shall reread it when I get calmed down. I may even lend it to some of my lady friends.

416 Cobb Building.

Schopenhauer on Latin.

Schopenhauer, the great philosopher, says: "If a man does not know any Latin he belongs to the vulgar, even tho he be a great virtuoso on the electrical machine and have the base of hydrofluoric acid in his crucible. There is no better recreation for the mind than the study of the ancient classics. Take any one of them in your hand for only half an hour, and you will feel yourself refreshed, relieved, ennobled, strengthened; just as tho you had quenched your thirst at some pure spring. Is this the effect of the old language and its perfect expression, or is it the greatness of the minds whose works remain unharmed and unweakened by the lapse of a thousand years? If the threatened calamity should ever come and the ancient languages cease to be taught, a new literature will arise, of such barbarous, shallow, and worthless stuff as never was seen before."

MISCELLANY

Fraud and Hysteria.

BY ARTHUR SWEENEY, M. D., ST PAUL, MINN.

When I first saw Esther S. she was a frail looking child of eleven, with the fair complexion of the Scandinavian races. She was the only child of the family, and from infancy had been quite delicate and nervous, and it was with difficulty that her mother pulled her thru the various incidents of infancy and childhood, from teething to scarlet fever. Owing to her delicacy she had been much petted and spoiled and in the household her wish was law. I called to see her because of the unusual symptoms she had manifested for over a year.

She had fallen in coming down stairs, not hurting herself badly but exciting much alarm on the part of her mother, who was very solicitous about a slight abrasion on her left knee. Shortly afterward the knee became immovable, and remained so until I saw her. She was sitting in a rocking chair, with her left leg extended straight before her, her left eyelids were shut and her right hand was tightly clenched. It was impossible to open her eyelids, every attempt increasing the spasm and causing cries of pain. Neither could the fingers be unclenched, altho the thumb and wrist were freely movable in all directions. The knee joint was also stiff, but by the use of leverage the leg could be bent, against the violent protests of the little patient.

Her mother said that the child spat blood every day and vomited everything she ate. The child was fairly nourished, and it seemed impossible that she had not taken nourishment regularly. Examination of her handkerchief showed it to be moist with a fluid slightly tinged with blood, but there was no free blood present. Turning back her lower lip, it was found to be raw and abraded from friction against her imperfect teeth, and it was blood from this source, mixed with saliva that the child expectorated on her handkerchief to the great distress of her mother.

The investigation of her vomiting led to a simple solution of the trouble. When asked to take a spoonful of water she made a pretense of swallowing it, and soon leaned forward letting it run out of her mouth. Another teaspoonful was given, and her mouth was held open. She let the water run back to the base of the tongue and was compelled to swallow it, in spite of her efforts to avoid doing so. The invitation to vomit it could not be complied with. It was learned that when she was observed she always ejected the food, but when eating while not watched she apparently retained the food.

It was apparent that the child's sickness was not real, but partly hysterical and mainly fraudulent. The sympathy and devotion of the mother had been played upon by the child for over a year, and when the excitement of her hysteria palled upon her parents, she stimulated renewed expressions of solicitude by faking hemorrhages and vomiting. I advised instant

removal from her home to the City Hospital, where she could not play upon the feeling of doctors and nurses, and on the second day she was running about the ward as lively as ever.

The case is not a rare one and would be scarcely worth while recording were it not for the sequel. About a year later the mother brought her child to my office, with the complaint of an obstinately sore lip, which had been growing worse for a month. The lower lip was covered with a dark brown crust, that looked like a scab, involving the entire area of the mucous membrane. I was deceived by the appearance and prepared with a little cotton soaked in water to soften the scab prior to its removal. I found, however, that it would not absorb water, but had an oily surface. Scraping with my finger nail showed that the scab was composed of grease crayon such as children use in school. The intense desire for sympathy had induced the child to daily cover the lip with the crayon to simulate a sore, and had successfully deceived her mother. Such cases of deception are not rare in adults, where personal gain or advantage are sought, but it is certainly unusual to meet with it in a child of her years who had nothing to gain by the elaborate system of fraud except the sympathy of an always too sympathetic mother.

—*St. Paul Med. Jour.*

The Evolution of the Chemical Materia Medica.

The following notes were abstracted by Martin I. Wilbert, Philadelphia, Pa., from a list published in the *Pharmaceutische Post*:

SUBSTANCES KNOWN TO THE ANCIENTS.

Sulphur; this substance is mentioned in the oldest scientific works.

Ammonium chloride; sal ammoniac was known to Herodotus, and it is said to have been discovered in the neighborhood of a temple dedicated to Jupiter Ammon, in Libya.

Realgar and sulphide of antimony.

Potassium carbonate; known to Dioscorides.

Sodium carbonate; supposed to be identical with potassium carbonate. Identified by Duhamel in 1736, and Marggraf, 1759.

Gypsum, lead carbonate, lead oxide, iron, ferrous sulphate, alum, zinc ores, zinc oxide, known as cadmia or pompholix, to the alchemists as "Lana philosophica," or, on account of its resemblance to snow flakes, "Nix alba."

Gold, silver, copper, as "Aes cypricum."

Cupric sulphate; known to the Greeks as chalcantum, to the Romans as atramentum sutorium. More closely described by Basilius Valentinus. Directions for making were given by Van Helmont, 1644, and Glauber, 1648.

Mercury; known to Aristotle.

Vinegar, lead plaster, soap; the earliest descriptions are found in the works of Pliny.

Potassium bitartrate; in the crude state this was known to the Greeks and Romans, to the latter as "Fæx vini."

Oil of turpentine.

Sodium chloride.

SUBSTANCES INTRODUCED BY THE ARABIANS.

Potassium nitrate; called by Geber "*sal petræ*."

Acid, hydrochloric, in *Aqua Regia*. The purer article was known to Basilius Valentinus. Its production by distilling a mixture of sodium chloride and sulphuric acid was described by Glauber, hence its name "*Spiritus fumans Glauberi*."

Acid, nitric; known to Geber.

Arsenous acid, "*white arsenic*," known to Geber. More reliable data were not obtainable until the middle of the eleventh century.

Mercuric chloride; known to Geber, Rhazes, and also to Avicenna.

Mercuric oxide; known to Geber.

Silver nitrate; known to Geber, but was introduced into medicine by Angelus Sala during the seventeenth century, when it was known as "*Magisterium Argenti*," "*Crystalli Dianæ*."

Alcohol, dilute; stronger alcohol was first produced by Raymundus Lullus in the thirteenth century, who introduced it into the *materia medica* as "*ultima consiliatio corporis humani*."

Lead acetate; altho this was known to Geber, it was not introduced or used as a medicine until 1760, when Goulard produced what was later known as "*Aqua vegetomineralis Goulardi*."

Cumpher; this was first brought to Europe about the middle of the sixth century.

Aqua ammonia; was known to Geber, as was also a more or less pure caustic potash.

SUBSTANCES KNOWN TO, OR INTRODUCED BY, RAYMUNDUS LULLUS IN THE THIRTEENTH CENTURY.

Alcohol; stronger.

Ammonium carbonate; produced from urine.

White precipitate.

THE FIFTEENTH CENTURY CONTRIBUTED:

Potassium sulphate; this may have been known to Isaac Hollandus in the fourteenth century. Described by Oswald Croll, about 1608, as "*Specificum purgans Paracelsi*."

Sulphuric acid; the first known accurate description of this substance is attributed to Basilius Valentinus.

Zinc sulphate, "*white vitrol*"; known to Basilius Valentinus.

Ferric chloride, lead acetate, and the spirit of nitrous ether were all known to Basilius Valentinus.

THE SIXTEENTH AND SEVENTEENTH CENTURIES GAVE US:

Sulphuric ether; discovered by Valerius Cordus about 1540, and by him described as "*Oleum vitrioli dulce*"; this preparation appears to have been forgotten until rediscovered by Frobenius, a London apothecary, about 1730.

Mercurous chloride; known in Europe in the sixteenth century.

Oil of anise, oil of cloves; known to Valerius Cordus.

Benzoic acid; known about 1608.

Antimony and potassium tartrate; produced by Adriano Van Mynsicht, 1631.

Zinc chloride; mentioned by Glauber, 1648, as "*Oleum lapidis caliminaris*."

Sodium sulphate; known to Glauber, 1658.

Potassium permanganate; Glauber, in 1659, noted the peculiar color that was produced on fusing potassium nitrate with manganese dioxidide. The composition of potassium permanganate was first described by Mitscherlich in 1830. The name "*Chamælon minerale*" was given to it by Scheele.

Ammonium acetate; was introduced by R. Minderer during the seventeenth century.

Phosphorus; discovered by Brand, in urine, about 1669. More carefully studied by Gahn, 1769, and by Scheele, 1771, who demonstrated its presence in bones.

Sodium borate; probably known at an earlier period, was reintroduced during the seventeenth century by the Venetians.

Potassium, and sodium tartrate; introduced about 1672 by an apothecary, P. Seignette, of Rochelle, France.

Magnesium sulphate; discovered 1694, by Nehemiah Grew, in the water of a mineral spring at Epsom, England.

DURING THE EIGHTEENTH CENTURY THERE WERE INTRODUCED:

Magnesium carbonate; introduced as a secret remedy, "*Magnesia alba*," about the beginning of the eighteenth century. The method of preparing was described by Valentini, 1707, and Slevogt, 1709. The composition of "*Magnesia alba*" was demonstrated by Black, 1756.

Boric acid; produced by Homberg in 1702 by the decomposition of borax. Known as "*Sal sedativum Hombergi*."

Phosphoric acid; produced in 1746 by Marggraf.

Magnesium oxide; in 1755 by Black.

Ether, acetic; first produced by Lauragais, 1759. Method of producing improved on by Scheele in 1782.

Tartaric acid; by Scheele in 1768.

Chlorine; produced by Scheele in 1744, and first known as "*Dephlogisticated muriatic acid*."

Glycerin; discovered by Scheele in 1779 while preparing lead plaster. He called it "*The sweet principle of oils*."

Lactic acid; Scheele, 1780.

Citric acid; Scheele, 1784.

Gallic acid; Scheele, 1785.

Tannic acid; Berzelius.

Bismuth subnitrate; first used in medicine by L. Odier in 1786.

Sodium carbonate; first recognized as such by Duhamel, 1736.

Thymol; introduced about the middle of the eighteenth century.

OF THE MORE IMPORTANT DISCOVERIES OF THE
NINETEENTH CENTURY WE HAVE:

Morphine; discovered in 1804 by Sertürner, an apothecary's assistant, at Paderborn, Germany.

Potassium, sodium, boron, in 1807, and calcium in 1808; by Sir Humphrey Davy, by means of electrolysis.

Iodine; in 1811 by Courtois.

Naphthalin; by Garden in 1816.

Hydrogen dioxide; by Thenard in 1818.

Strychnine; by Pelletier and Caventou in 1818.

Veratrine; by Meisner in 1818.

Brucine; by Pelletier and Caventou in 1819.

Quinine, cinchonine, colchicine; by Pelletier and Caventou in 1820.

Caffeine; Runge, 1820, and independently also by Robiquet in 1821, and by Pelletier and Caventou.

Potassium iodide; introduced into medicine by D. Coindet in 1821.

Potassium bromide; by Balard in 1826.

Bromine; discovered by Balard in Montpellier, France, in 1826.

Iodoform; produced by Sérullas in 1822, but not introduced into the *materia medica* until about 1837.

Santonin; discovered in 1830, independently of each other, by two German apothecaries, Kahler in Düsseldorf, and Alms in Mecklenburg.

Atropine; isolated by Meins in 1831.

Codeine; by Robiquet in 1832.

Phenol; discovered by Runge, in coal tar, in 1834.

Salicylic acid; in 1839, Kolbe, in 1873, introduced it as an antiseptic.

Chloral hydrate; discovered in 1832 by Liebig. Was introduced as a medicine by Liebreich in 1869.

Chloroform; discovered by Liebig, and also by Soubeiran in 1831. Introduced into medicine by Simpson in 1847.

Theobromine; isolated from the seeds of *Theobroma cacao* in 1841 by Woskresensky.

Collodion; introduced in 1853 by Maynard and Bigelow.

Physostigmine; by Jobst and Hesse in 1864.

Resorcin; by Hlasiwetz in 1864.

Cocaine; isolated by Gædeke in 1864. Introduced into medicine in 1884 by Koller.

Formaldehyde; discovered by A. W. Hoffman in 1867.

Pilocarpine; Gerrard and Hardy in 1875.

Sodium salicylate; made synthetically by Kolb's process in 1875.

Naphtol; 1881.

Apomorphine hydrochloride; used in 1882. The free base had been discovered in 1869 by Matthiessen and Wright.

Antipyrine; discovered by Knorr in 1884.

Acetanilid; discovered by Gerhard, has been in use since 1886.

Phenacetin; 1887. Saccharin; 1887. Sulfonal; discovered by Baumann in 1888. Trional; 1893.

The Northern Medical Society.

A regular meeting of the Northern Medical Society was held on June 28 at the Bronx Hospital Dispensary. Dr. Otto Glogau demonstrated a case of mastoid disease with peculiar complications. Dr. A. L. Soresi explained and demonstrated his method of the direct transfusion of blood. The following papers were read: "Dreams As an Aid to Diagnosis and Treatment," by Dr. A. A. Brill; "Hormones and Opoththerapy," by Dr. M. Aronson; "Tics and Their Treatment—Education vs. Hypnosis," by Dr. J. H. Leiner. The discussion was participated in by Drs. M. J. Karpas, S. A. Tannenbaum, J. H. Leiner, M. Rosenbluth, J. C. Gerster, Martin Rehling, Wm. L. Rost, Otto Glogau, Wm. J. Robinson, L. Lewis, I. L. Nascher and others.

Ethyl Chloride Spraying in Chancres.

Major H. C. French (*Brit. Med. Jour.* No. 2681) reports superior results in the local treatment of chancres with ethyl chloride. The ulcer is dried and cleansed with dry cotton-wool and well frozen three times in succession with the ethyl chloride spray, until the surface of the ulcer is quite white, like hoar frost. Dry iodoform and dry gauze are then applied. The spraying is repeated daily until cure results. A better spray results if the ethyl chloride tube is warmed in a tumbler of warm water before using. Except when active phagedena has commenced, the author has found this spraying superior to other methods of treatment, a healthy healing ulcer usually resulting in two or three days.

Pollantin Ointment.

This new form is added to Dunbar's Serum Treatment for Hay Fever, more especially as an adjunct for the treatment of the nasal symptoms in certain stages of their development, altho equally efficient in the eye symptom.

Its rapid absorption by the mucous membrane and ready application commends it highly in any stage of the nasal affection, but particularly so in those cases where the nose has become swollen and blocked by secretion to an extent that neither Pollantin Powder nor Liquid can be applied, or if so, would and could not be absorbed by the altered mucous membrane, and again, in cases where either of the older forms may act as an irritant.

Pollantin Ointment, was but experimentally placed during 1911 with several hundred physicians, and reports received in part from the same, as to benefits or otherwise derived from its use, give the following results:

Benefit Effective.	53%
Benefit Partial.	32%
Benefit None.	15%

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THE MEDICO-PHARMACEUTICAL

CRITIC & GUIDE

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It is better to make a mistake in trying to tell the truth
Than never to tell the truth for fear of making a mistake.

Vol. XV. NEW YORK, SEPTEMBER, 1912.

No. 9.

EDITORIALS AND EDITORIALETTES

I am back home. Notes of my trip, with reports of visits to Prof. Haeckel, Prof. Ehrlich, Dr. Hirschfeld, Dr. Bloch, etc., will appear in the October or November issue.

ARTIFICIAL IMPREGNATION.

Artificial impregnation is just now the subject of considerable interest and discussion among medical and lay circles in Germany. Not that there is really anything new in the subject—but it is all due to our daily press, which is constantly on the hunt for new sensations. In the *Münchener medizinische Wochenschrift* for May 14, Prof. Döderlein reported a case of pregnancy following the artificial injection of semen into the uterus. There was nothing essentially new in this, for our own Marion Simms did the same thing some 45 years ago. But the daily press—not only in Germany, but thruout the world—reported this case as one of the wonders of modern medicine, and now sterile couples are besieging the offices of the German physicians with the demand to give them a baby. With the unsophisticatedness of the layman and laywoman they believe that the thing must be infallible in each and every case, and if they are told that under the most favorable circumstances the procedure is successful only in a certain percentage of cases, when they are further told, after an examination, that the man's semen is worthless, and even if brought in direct contact with the woman's ova would fail to impregnate them, they go away disgusted, thinking that the vaunted science of medicine is after all a good deal of a humbug. Poor laymen. A remedy or method must cure or be successful in one hundred per cent of all cases, or it is no good. We, physicians, are more modest in our demands.

At a meeting of the Berlin Medical Society, July 3, Dr. Joseph Hirsch read a paper on Artificial Impregnation which

elicited considerable discussion. He tried the method in 16 cases, in 6 of which it proved successful, i. e., the women who had been sterile for many years, became pregnant. He thinks that if he had been perfect master of the technic from the beginning his results would have been better still, because all the first seven cases were failures, the six successes being among the nine last ones.

The technic is very simple. The fresh semen is drawn directly from the condom into a sterilized syringe with a long nozzle, warmed up to about 99° F. The cervix is drawn down and a small quantity (a few drops) of the semen is injected into the uterus. The rest of the semen is put on a tampon of cotton which is pushed up against the cervix. The woman remains in bed several hours. No douches or antiseptic applications are to be made. It is important to inject only a few drops, as a large quantity of semen may cause uterine colic, inflammation and perhaps even extrauterine pregnancy.

The question if impregnation with the semen of a strange man, provided, both husband and wife agree, is ever permissible is a ticklish one and is answered differently by different physicians. It is a well known fact that the wives of sterile husbands are sometimes so fearfully anxious to become mothers, that their husbands agree to their artificial (and sometimes even natural!) impregnation by the semen of another man. Prof. Fürbinger stated that he had in his practice many such cases. He knows the case of a sterile physician, who himself injected the semen from another man into his wife's uterus. Dr. Emil Engel stated that he has been employing artificial impregnation for a long time. Prof. Strassmann stated that he employed the method three times and only once successfully, but in this case the value of artificial impregnation was proven beyond a doubt. It was the woman's second marriage. Her first marriage was also childless. He injected 1 Gm. of semen; the woman had no intercourse thereafter and she became pregnant. Afterwards she had two more children without artificial aid.

It is a curious fact that the first reported case of artificial impregnation is by a clerical man. In 1767 the Abbott Spalanzani reported the successful artificial impregnation of two bitches. In 1790 John Hunter reported a successful case of artificial impregnation, the husband being afflicted with hypospadias.—Rohleder in his excellent book *Die Zeugung beim Menschen* has a special appendix on artificial impregnation. Lutaud in his textbook on Gynecology published in 1889 has a special chapter on *Fecundation artificielle*. As is seen the whole subject is not by any means new. But our newspapers are not supposed to know it. But—no harm done. They have served to bring to public attention a rather interesting subject. Also—some physicians' incomes will be increased thereby, and the human race will be augmented by some members. Tho not produced in the conventional way, they are just as good.

VICE, CRIME AND HYPOCRISY.

The Rosenthal affair has excited interest thruout Europe—and has lowered us in the eyes of Europe more than anything else that has ever happened in our not very long history. Everywhere the same remark is made: In *our* country such a thing could *not* have happened. I have heard that remark from citizens of Germany, of Switzerland and of France. And they are right. While the European police force is not an aggregation of angel children, still such wholesale robbery, such monumental graft, such a cohesion and harmonious collaboration between officials and criminals, such callous brutality which does not even recoil before murder, is absolutely unthinkable in any European country (with the exception perhaps of Russia). And the basic cause does not lie in the fact of our greater viciousness, greater innate corruption, for they are not a fact. The basic cause lies in our hypocrisy; our hypocrisy is greater than that of any country in the world. We confound vice with crime, considering the two terms and things synonymous. The European countries have long ago passed that stage. They have learned that while vice may lead to crime, it does not necessarily do so, and that the two are different not only in degree, but in kind.

I say, repress crime with the utmost rigor, but leave vice, as long as it does not push itself offensively into the public eye, alone; do this, and you remove from the police practically all source of graft, and you break up the coalition between the policeman and the lawbreaker.

Our reformers must try to grow out of their infantile stage and must endeavor to begin to think. They must learn that prostitution and gambling and drinking are not the same things or things of the same character as stealing, burglarizing, assaulting and murdering. If the first keep indoors, do not become publicly offensive and do not make unwilling victims, they should be let alone. No mercy should be shown to the latter, i. e. to crimes. And the punishment for the public officer who should be found to be condoning or to be in coalition with crime should be sufficiently severe to act as an efficient deterrent.

W. T. STEAD ON PROSTITUTION.

I spent this afternoon (August 17) in the Bibliotheque Nationale—the greatest library in the world. I glanced thru the various magazines. In the English Review of Reviews for July there is partially reproduced W. T. Stead's pamphlet, published 27 years ago entitled, *The Maiden Tribute of Modern Babylon*, which made a tremendous sensation at the time. I have never looked for much sense from Stead, and I was therefore agreeably surprised to read his very sensible remarks about vice and crime. Under the subheading: *Liberty for Vice, Repression for Crime*, he states among other things:

I wish to say emphatically at the outset that however strong-

ly I may feel as to the imperative importance of morality and chastity, I do not ask for any police interference with the *liberty of vice*. I ask only for the repression of crime. Sexual immorality, however evil it may be in itself, or in its consequences, must be dealt with not by the policeman, but by the teacher, so long as the persons contracting, are of full age, are perfectly free agents and in their sin are guilty of no outrage on public morals. So far from demanding any increased power for the police, I would rather incline to say to the police, "Hands off" when they interfere arbitrarily with the ordinary operations of the market of vice.

Which is very sensible even for greater thinkers than Stead.

THE DISAPPEARANCE OF UNFIT MEDICAL COLLEGES.

The most encouraging passage in the Sixth Annual Report of the Carnegie Foundation for Advancement of Teaching is the one dealing with the going out of existence of a number of worthless medical colleges. We have now 120 colleges, the lowest figure reached in 20 years. The following institutions have gone out of existence within the year:

Arkansas—Little Rock College of Physicians and Surgeons.

Colorado—Denver and Gross College of Medicine.

Georgia—Hospital College of Medicine, Atlanta.

Illinois—American Medical Missionary College, Chicago and Battle Creek, Mich.; Illinois Med. College, Chicago; Reliance Med. College (*night school*) Chicago; National Medical University (*night school*) Chicago; College of Medicine and Surgery (Physio-Medical), Chicago.

Kentucky—Southwestern Homeopathic Medical College, Louisville.

Louisiana—Flint Medical College, (*suspended*), New Orleans.

Maryland—Woman's Medical College of Baltimore; Atlantic Medical College, Baltimore.

Michigan—American Medical Missionary College, Battle Creek, and Chicago, Ill.

Mississippi—University of Mississippi Clinical School, Vicksburg.

Missouri—Barnes University Medical School, St. Louis; Hippocratean College of Medicine, St. Louis.

Ohio—Pulte Medical College, Cincinnati; College of Physicians and Surgeons, Cleveland.

Oklahoma—Epworth College of Medicine, Oklahoma City.

Tennessee—Chattanooga Medical College; Knoxville Medical College; Medical Department of the Universities of Nashville and Tennessee at Nashville; College of Physicians and Surgeons, Memphis.

West Virginia—West Virginia University College of Medicine, Morgantown.

With the closing of these institutions, the physio-medical sect disappears completely, and the homeopathic schools are reduced to twelve, the lowest figure that they have reached since 1880; the eclectics to seven, the lowest number that they have reached since 1900.

As the report points out, the improvement has been much greater than the figures indicate. Not only have many worthless colleges disappeared, but in a large number of those remaining, the standard has been raised both as the curriculum and the entrance requirements are concerned.

Nothing to be pessimistic about. In spite of the encroachments of the quacks, we are gradually raising our standards and are improving our methods of instruction.

THE INFLUENCE OF THE BODY ON THE MIND.

We have been deluged and nauseated with articles and sermons, with tracts and treatises and magazines dealing with the influence of the mind on the body. Tho this influence has been exaggerated and tho certain sects have used perverted claims about the omnipotence of this influence to serve their selfish purposes, still the fact of the existence of such influence nobody will question. But while we have heard much, much too much, about the influence of the mind on the body, we hear very little about the influence of the body of the mind. And still the observant physician sees examples of this influence very frequently. Not only will a slight bodily disorder influence a man's viewpoint, his psyche, but it may actually produce a radical change in his conduct, in his morals, making a conventionally moral man commit very immoral actions.—A few illustrations.

Mr. A. is a successful druggist, doing a good business, and always of a rather cheerful temperament. Of late those about him and he himself have noticed a marked change in his character. He is constantly grumbling and occasionally breaks out in a fit of temper—a luxury he never indulged in before. And moreover of late he has become obsessed with the idea that his business is or will be going to the dogs. His wife shows him that the daily receipts are the same—but that has no effect on him. He is sure the Riker trust will probably open another store in the neighborhood, etc. An examination shows that the underlying cause is probably nothing more but autointoxication due to constipation, lack of exercise and, in general, defective metabolism. The treatment corroborates the correctness of the diagnosis. It consists in a daily saline laxative in the morning and a brisk walk of an hour's duration in the afternoon. Ten days of this treatment works a wonderful change in the patient. He has lost his grouch and is not a bit anxious as to the future of his business. On the contrary, he is as cheerful and optimistic as he ever was.

Mr. B. has been given of late to fits of passion. He makes everybody in the house miserable. Constantly squabbles with his wife and children, and scolds the servants and quarrels with friends on the slightest provocation. An examination shows a very rapid irritable heart. He is suffering with paroxysmal tachycardia. The affection is of recent origin only. Treatment brings about improvement in the condition of the heart with resulting marked improvement in the condition of the man's temper. And whenever the heart condition is aggravated, his temper becomes worse. Improvement in the heart is invariably accompanied by improvement in his behavior.

Mr. C., a successful literary man, has been gradually becoming melancholy, disinclined and unable to work, and confesses to having entertained thoughts of suicide. He is happily married, loves his wife and children, his financial condition is secure and he knows of no reason for his depression and dark thoughts.

After painstaking questioning he reluctantly discloses the fact that for the last two years his potency has been failing, so that now he is practically impotent. Treatment, continued for several months, having completely restored his potency, all his melancholic symptoms have completely disappeared, and he looks at life as cheerfully as he did at the age of twenty-five.

Mr. D.'s case is perhaps the most interesting and the most significant. Mr. D. is 52 years old, has been married twenty five years, and has three grown up children. Is the owner of a large manufacturing business. Has always led a conventional life and has been a model husband, tho he does not deny occasional strayings from the path of matrimonial rectitude—always however with extreme care and caution, so as not to offend the proprieties and not to pain his wife. For six or eight years prior to ten months ago, he has been altogether faithful to his wife. He did not feel the need of any extramatrimonial satisfaction. About ten months ago, however, a complete change seems to have come over him. He began to run after women in a most disgraceful manner. At first he tried to conceal it from his wife, but soon he gave up the attempt. And tho his behavior pains her to the death, he does not change his conduct. From a kind considerate husband, he seems to have become utterly brutal. No, this would not be correct. He seems to regret his actions, he is sorry for causing his wife pain, but that does not make him change his actions. That's what his wife says. For it was she who first came to consult me about her husband's behavior. Lately he has often stayed out all night. His wife has found out that he visits the lowest resorts—white and colored. She induced him to come for a consultation. It is a well-known fact that in people of 45, 50 and over a sudden flaming up of the sexual passion is often due merely to some prostatic irritation. In some old men this, what I would call, *libido prostatica* may reach the proportion of a mania, of satyriasis. I suspected that in my patient the cause was a purely physical one, and an examination of his prostate to which he consented readily, showed an enlarged gland, with several extremely sensitive spots. He volunteered the information that his behavior was painful to him, that his relations did not cause him any pleasure or satisfaction, but that he could not help himself: he was driven by an irresistible force. Several prostatic massages, combined with rectal injections of cold saline solution, with co-deine suppositories and large doses of bromides internally, brought about a remarkable improvement. While, at the present writing, he can not be pronounced *cured*, his condition is so much improved that there is no doubt that ten or fifteen additional treatments will complete the cure. His libido is still exaggerated, but he can control it now. He is a different man—and his wife feels a different woman.

Many similar and perhaps more striking examples could be given. The physician psychologist sees them frequently.

Let us therefore bear in mind that while the mind exercises a powerful influence on the bodily functions, that while a cheerful hopeful attitude has an unmistakably beneficial influence on the course of disease, the reverse of the proposition is just as true. The condition of our body, the poor despised material shell, has a remarkable influence on our feelings, our thoughts, our hopes and aspirations, our behavior towards our fellowmen—and fellowwomen—, our conduct, our morals. A penny's worth of medicine will sometimes do more towards a cheerful outlook of life than a library of Christian unscience or so-called new thought.

SANE AND MODERATE VS. INSANE AND EXTREME RADICALS.

Each and every time after an ocean voyage, when I come in close contact with various sorts and conditions of men and women, and listen to their talk, and hear their tenth century opinions, and note their utter unfamiliarity with any such thing as a radical idea or advanced movement of any kind, when I see the dark shroud of medievalism which surrounds our college professors and college students, our millionaire aristocracy and our rich bourgeoisie, our fairly well off business people and even our poor professional classes, I feel like saying to our extreme radicals: Oh, you poor fools, who like squirrels in a cage, turn around and about in the same little circle, and imagine that you are influencing the world's thought and that the world is ready to receive your opinions! Why don't you go out into the world and find out what 99 9/10 per cent. of mankind really think of you and your opinions, if they think at all? Perhaps you will not sneer then at the sane radicals (whom you dub conservatives) who believe, that you cannot push extreme ideas into people's brains, as you push a dose of castor oil down a child's throat, that progress is possible only by slow conciliatory argumentative, and not screeching and threatening methods, that the moderate radical is the true radical, for his work is efficient, for his propaganda is listened to, while the other kind is despised, ridiculed and rejected. The true worker in the field of progress is he whose work bears fruit; the extreme radical not only achieves no results, but his work acts as a boomerang, it often results in governmental reaction and what is much more in individual reaction: people who are on the borderland and are ready to listen to what the radicals have to say, are often frightened away—and justly so—by the vaporings of the extremists, and go back to their medievalism and obscurantism.

The propaganda of the extremists is not only false; it is also injurious and completely defeats its own object.

DIOXYDIAMIDOARSENOBENZOLMONOMETHYLENE- SULPHOXYLATE OF SODIUM.

When 606 or Salvarsan was first announced to the world, the newspaper writers used to have barrels of fun over its chemical name. Dioxydiamidoarsenobenzol dihydrochloride—how awfully, awfully funny! Now they will have a chance to poke more fun, to make more jokes, tickle their readers into unrestrainable cachinations. For a new salvarsan is out, an improved form, and the chemical name of this neo-salvarsan is Dioxydiamidoarsenobenzolmonomethylenesulphoxylate of sodium! Isn't that funny? And still my dear newspaper friends, I wish to assure you that to one who understands organic chemistry, there is nothing funny in this inordinately long name. And the number of this new preparation of salvarsan is 914, meaning that since the time 606 was discovered, 308 more series of experiments were produced before this new compound was perfected.

DEMAND IN GERMANY FOR A MODIFICATION OF THE LAW AGAINST ABORTION.

Thruout Germany voices are heard more loudly and more and more frequently, demanding a change in the present law against abortion. Physicians, jurists and sociologists unite in this demand. Before me is a pamphlet, containing a "memorial" presented by Dr. Ferdinand Goldstein, a practising physician in Berlin, to the Commission of Revision of the Penal Code. Dr. Goldstein would like to have the present law changed to the effect that *abortion should not be at all punishable* if produced by or on a woman who had already given birth to *three* children, or by or on an unmarried woman who had been *seduced or raped*. This is a desirable change and most people will agree that the penalties against abortions in all civilized countries are unduly severe and brutal.

But the doctor's reason for demanding leniency in all cases (maximum one year prison, and not as now 5 years penitentiary) and freedom from any punishment under the above mentioned conditions is a peculiar one. As a rule people demanding a change in the laws against anticonceptional measures and abortion are radical thinkers. This doctor, however, is a conservative. His reason is: he is afraid of the constantly increasing proletariat and of the socialists! He refers to the well known fact that everywhere in the world the poor have more children than the rich; and if this is permitted to go on, the number of the poor, the proletariat will keep on increasing. Now the chief strength of the socialist party is in the proletariat. Consequently we must teach the poor the means how to limit their offspring, and we must not punish them even if they produce abortions on themselves, provided they have contributed to the preservation of the race by giving birth to at least three children.

Well, well, politics certainly makes strange bedfellows. The fear of socialism sometimes makes a hidebound conservative a rabid radical—on some points,

EUROPE VS. NEW ENGLAND OR VICE VS. VIRTUE.

As I watch in the Kaiser's Capital and in other large cities of Germany, Austria and France, the constantly flowing seething mass of humanity, all on pleasure bent, as I see vice dressed in its most alluring colors walking the streets freely and undisturbed, as I see the students passing hours and hours in the restaurants and Bierstuben consuming tankards and tanks of beer, as I see the licentious and obscene pictures and postal cards and the books on sexual subjects—from those of a high scientific character to those frankly erotic and filthily pornographic—freely exhibited and freely sold and circulated, as I see the vile theatrical productions, which could not run in New York more than one night, as I learn of the early age at which the German youth becomes addicted to the use of alcohol, tobacco and other vices, as I watch all these things, my poor heart aches sympathetically for the fate of the German people. For I am sure that the nation is going to perdition. But then I recollect that it has been going to perdition in this way for ever so long, and I also recollect that Germany is now undisputedly foremost in *every* branch of science, in literature and in art, and the aching of my heart is somewhat assuaged.

And as I think of the wonderful output in literature, art and science of say, our temperate, virtuous, godfearing New England towns, I wonder if puritanism is not more of a curse than it is of a blessing. For it seems to blight everything it touches. Science may, but literature and art certainly cannot thrive under the influence of its breath.

I have been brought up in an excruciatingly puritanical, orthodox atmosphere. And I have never learned to drink, smoke, gamble or tell smutty or even merely risqué stories. And it is rather too late to learn now. It is hard to shake off the shackles that have been put on you in early infancy and childhood. And I am satisfied. But, as I said, I believe, once before, my ascetic ideals and mode of life receive a rude shock each time I pay a visit to effete old Europe. For I see millions of people eating hugely, as if there were no Prof. Chittenden or fast curists, drinking liberally and often, as if there were no prohibition party in America and no W. C. T. U., worshipping at the shrine of Venus assiduously—extra- intra- ante- and post-maritally—as if the societies of moral and sanitary prophylaxis had no existence at all, and reading all kinds of literature and looking at all kinds of pictures, as if Anthony Comstock did not most self-sacrificingly devote his sanctified life to the guarding of our morals; I say, I see millions of people doing all these wicked things, and still accomplish the greatest things in the world in every domain of human thought and activity; I see that they produce genius where we produce mediocrity; and—I wonder, wonder and wonder.

But perish art, perish science, perish literature, perish beauty, if they cannot be had without Bacchus and Venus. We will rather do without those things, as long as we remain pure and—hypocritical.

MAKING A CHANGE—IN YOURSELF.

I have always believed, and advocated, that while waiting for the world to change, we should in the meantime try to change ourselves; that instead of, or while trying to improve other human beings over whom we have no control, we should endeavor to improve that one human being, over whom we can, if we try hard enough, have perfect control—ourselves; that while waiting for the arrival of the millennium or cooperative commonwealth which will make us all happy in the future, we should try to eliminate as much as possible the friction and the roughness in our daily lives which make us unhappy in the present.

I know that some socialists and most anarchists are disgusted with the preaching of individual improvement, while working for social betterment; one anarchist expressed himself even as feeling nauseated by my insistence upon ethics and individual morality. But I do not speak or write for the extreme wing of socialists—anarchists. Their education is complete. They know it all. And they are beyond redemption. Nor do I speak and write for these foolish fatalists who, because they have perceived that the belief in a free-will is an absurdity, imagine that this absolves them from any duty towards themselves, from any attempt at mental discipline, at character building.

We are born with certain bodies. And the most extreme fatalist will not deny that by proper hygiene and exercise a weak body may be strengthened and by debauchery and dissoluteness a strong body may be weakened. And what can be done with the body can be done with the brain and character. As the body, so the brain may be disciplined and strengthened and directed into proper channels.

And while on this subject, I wish to recommend to you a charming little book, which while not exactly new—it was published last year, in 1911—is not as well known as it should be. Arnold Bennett's *The Human Machine* contains some old truths retold in a new, striking, pleasant and impressive form. It should be read by everybody who believes that self-improvement even under our present social conditions is not an impossibility. It should be read by every grouch, every grumbler, everybody who ever indulges in the terribly expensive—it is a terrific drain on one's vitality—and ridiculous habit of losing one's temper. Wives who have irascible, cranky husbands should, openly or surreptitiously, as the case may require, deposit a copy on their husband's desks. And vice versa. It will benefit everybody, and harm nobody, to read it. I have enjoyed it and so probably will you.

A BIT OF FEMALE PSYCHOLOGY.

In to-day's Berlin Newspapers I read the following news item. A young salesgirl, 17 years of age, Edith Papst by name, was found in the woods unconscious and dying from a bullet wound. Near her was a note in labored handwriting, address-

ed to her grandmother, stating that she decided to commit suicide and asking forgiveness for the act. She was brought back to consciousness and both the nature of the wound and the fact that no revolver was found near convinced the police that this was not an act of suicide, but of attempted murder. An investigation disclosed the fact that she had been having relations with the 21 year old son of a magistrate and that while in the woods he fired a bullet at her, either in a fit of anger or in the desire to get rid of her. Wishing to avert all suspicion from the one she loved, she scribbled the note with the utmost effort, while in a dying condition. This heroic act throws a flood of light on the psychology of the female, and it would be interesting to know if there are cases on record, in which the rôles being reversed, the male acted in a manner similar to that of the poor salesgirl.

As to the young man, when he noticed from the window a police officer coming to arrest him, he fired a shot at himself, which proved immediately fatal.

DANCING IN CHRONIC GONORRHEA.

Those of our esteemed colleagues who guide their practice more by what they have learned in their text-books than by their experience and reason, are apt to look—have looked—askance at some of our liberal advice to patients suffering with chronic gonorrhea. Some have even pretended to be horrified at our leniency with reference to tobacco, alcohol and sexual relations. They won't believe that cases resisting all treatment sometimes do get well on discarding all treatment and on violating all the laws of hygiene, breaking every injunction of the doctor and the text-book. 'Tis so however.

In *Le Progrès Médical* there is related the case of a Mr. X—poor Mr. X, what troubles he is always in, not a vice he has not indulged in—who has had an obstinate gonorrhea, which passed into a chronic interminable gleet. In spite of all treatment—or perhaps because of it (the author says this, not we)—the discharge could not be stopped. He also had some orchitic pain. One day the orchitic pain got a little worse. And just that very evening poor Mr. X. had to go to a dance. Who ever heard of a man with orchitic pains go to a dance? But Mr. X did go and he danced furiously.* After the 4th or 5th dance, to his great surprise, the pain stopped, and after the ball was over, the discharge had also stopped. What no medicine could achieve, an evening of "furious" dancing accomplished.

The author tries to give a scientific explanation of this curious case. But we don't take much stock in his explanation. As a rule it is easier to relate facts and to observe phenomena, than to explain them. Here is the author's theory, for unsupported theory it must be called. Dancing increases perspiration

* Il dansait avec acharnement.

enormously. When the perspiration is greatly increased, the urine is greatly concentrated. When the urine is concentrated, it becomes strongly acid. When the urine is strongly acid, it is bactericidal. Ergo, the patient's concentrated acid urine, due to his perspiration caused by his furious dancing, killed his germs and cured his incurable gonorrhea.

Now, don't be foolish, John, and spread the rumor broadcast, that Dr. R. is advising "furious" dancing in intractable cases of chronic gonorrhea, complicated with orchitic pain. He is doing nothing of the kind. But he likes to refer to curious cases and he wishes to emphasize that asceticism in indolent, chronic gonorrhea is not indicated, and is often apt to do more injury than good. — — —

SIGN YOUR M. D. DEGREE.

Many physicians afflicted with undue modesty fail, when communicating with us, to sign themselves either Dr. or M.D. This puts us often to a good deal of unnecessary trouble. We are obliged to hunt in the medical directories to find out whether our correspondent is a physician or not, and if his name for one reason or another does not happen to be in the directory, he often fails to receive the information which otherwise he would have received. For there are certain points which we can properly discuss with physicians, but cannot for various reasons discuss with laymen. Therefore, friends, whenever you write add the two letters, signifying that you are a doctor of medicine, to your name. Of course if you are a personal friend, or if you are so eminent in the profession that everybody knows you, affixing the initials M.D. is unnecessary. This admonition only applies to colleagues who are strangers to us and who are more or less obscure and who do not possess printed letterheads. And by the way, every physician should have printed letterheads. Using wrapping paper or the back of an envelope for correspondence may be cheaper, but it is a nuisance—to the recipient.

A BRIEF PHILOSOPHY OF LIFE.

It is WISE to enjoy life, to get out of it as much as we possibly can, provided in doing so, we hurt nobody.

It is FOOLISH not to enjoy ourselves, to lead a gloomy joyless life, if by doing so we benefit nobody.

What is wrong in the above philosophy?

Take it, analyse it and measure it by the highest standard of ethics, what is there wrong in it?

As it is our duty to do what is wise, and as it is wrong to do what is foolish, we may substitute the words "our duty" for the word "wise" in the first paragraph, and the word "wrong" (you may even make it "criminal") for the word "foolish" in the second paragraph.



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The Rise of Richard Martindale

BY WILLIAM J. ROBINSON, M. D., NEW YORK.

It is a glorious day. Not a cloudlet in the azure sky. The god of the sun is caressing the earth with his warm rays and the Adriatic sea stretching boundlessly beyond the horizon is waving invitations to all living creatures to come in and taste the delicious coolness of its waters. And men, women and children joyfully accept the invitation. And as you watch them in the water splashing, swimming, teaching others to swim, somersaulting and indulging in all kinds of pranks, they make a pretty picture, a happy picture, and one is ready to agree for the nonce with the optimist, that this is a good world, the best of all possible worlds. And the grayish white warm sand of the Lido beach is covered with gay colored humanity. The children run about with their balls and hoops, or build mountains or throw sand into each other's faces; the young maidens disport their pretty bathing suits while listening to the compliments or amorous declarations of their ephemeral admirers; others lie prostrated on the sand, enjoying the warmth, the sunshine, the sky, the salty odor of the sea and wishing that it might always be so.

And the children!

The happy children! It is hard to tear one's self away from them. Free of care, happy, full of exuberant spirits and animal vitality—for they are the children of the rich—they romp about with their expensive toys, build figures and castles out of sand and quickly destroy them, bury their playmates under little mounds, run to the edge of the water to the discomfiture of their nurses and governesses, squeal, scream and run away—and are as happy as only children can be. In the future all children will be happy—there will be no tenement starvelings, no child labor slaves, no tots in cotton mills, no babies in factories, and no little mothers with the cares and the faces of old women.

But let us be glad that at least some children are happy—and the children on the beach are all supremely happy.

All, except one.

He lies flat on his back, with his face wistfully upturned to the sky. He lies for hours at a time, apparently thinking, thinking. His governess and then his mother asks him to go for a little stroll, but he refuses. He lies and thinks and listens. His acute ear catches the talk of the children and failing to understand some of the words, his sweet delicately chiseled little face twitches convulsively, and at times he seems to be on the point of crying. But he knows that his crying hurts his mother, and he therefore won't cry. No, he won't. He has even given up asking questions of his mother, for he noticed that his questions

distressed her and sometimes would even make her cry. And for nothing, nothing in the world would he make his beloved mama cry. Never again will he torment her with questions as to what is red, what is blue, what is the difference between black and white. Never will he ask her why he is so different from other children, why they can go about all by themselves, while he always needs somebody to lead him. In short, he will never ask his mother the reason why God made him blind. For little Rostand Martindale is blind, completely blind.

And while Rostand lies stretched on the sand, thinking—whatever can his little brain think about—with his mother painfully tho resignedly watching over him, Richard Martindale, Rostand's father, sits in a wicker chair, on the hotel veranda, looks out on the beach and over the surf, smokes a cigar and thinks. His thoughts are apparently not very cheerful ones, for his face is clouded and it costs him some effort to smile back at his wife, when she smiles at him from below. He puffs at his cigar slowly and as the curls of smoke dissolve into fantastic shapes, his life passes before him in rapid review.

His childhood was happy and cloudless. He always had everything he wanted. While he was not particularly brilliant in his studies, he got along well and never failed in any examinations. His parents were very indulgent to him, perhaps too indulgent, he thinks bitterly. He always had more money than he needed or knew what to do with. But his real life commenced when he entered college. He was rapidly introduced to different phases of life, with which up to that time he had been entirely unfamiliar. He proved an adept pupil. The morals of the college students were rather elastic, and things which at home he would have condemned as wrong or wicked, he here accepted as a matter of course, because his fellow students said it was all right and all or almost all acted the same way.

It was during his third year in college that he met Ida Rosen. Tho he had lost much of the youthful innocence which he had brought with him to college, he was not blasé, like so many of his friends. Yes, he remembers distinctly, he still respected women; he still believed that there were good women, and he still refused to consider all women as playthings, made for man's pleasure and amusement, and to be discarded, when they became a bore.

He was struck by the healthy beauty of Ida's face, a beauty which knew nothing of paint or powder, by her innocent limpid eyes, by her glorious hair, which had no need of puffs and switches, by the sweet charm of her manners. She was a sales-girl in one of the department stores, but—he smiled when he thought of it—when they got better acquainted she surprised him by her culture. He felt humiliated at the thought that she was more familiar with modern literature than he was—he the college student. He does not remember now whether it was love at first sight, but he remembers that very soon after he

met her he was deeply in love with her and had made up his mind that he could not live without her. It so seemed to him. He began to pay frequent visits to the store in which Ida worked. He was a good customer—in Ida's department. But soon his visits began to excite attention and Ida became the butt of the other store employés who twitted her on her admirer. She had to request him to cease his visits.

He then asked her to meet him in the evening. She refused. But he was so persistent, he assured her so earnestly that no harm would ever come to her, her life was so drab and dreary, and—as she confessed later on—she took so much pleasure in his company, that finally she yielded. He thought with pleasure of those walks in the evening, when merely being by her side was a delight, when the conversation about nothing in particular was bliss, and when he felt his love for her was pure and unselfish. But while woman can be satisfied with the mere closeness of her beloved one, man can not. He may at first, but after a time, he demands more. Where a pressure of the hand sufficed at first, he now must have kisses and embraces. While Ida was perfectly happy to close the day with a walk by the side of Martindale, he began to tire of just walking. He began to take her to theatres, to restaurants, on steamboat outings. And one beautiful summer night the inevitable happened.

After that he did not permit her to go back to the store. She was to be his wife, and he could not permit her to work as a salesgirl in a drygoods store for nine dollars a week. He rented a little flat for her where he could visit her to his heart's content. Ida passed three months of exquisite happiness. Only one thing marred it, she told him. Every now and then, when he would be away, a terrible fear would seize her, that such happiness could not last; she did not deserve such happiness, and no human being could stand such bliss for long. It is the blighted result of our vicious bringing up; of our cruel theologic teachings, that happiness is something improper, something to apologize for. But her fear was general, vague, indefinite. She had no misgivings as to Richard. He, she knew and she told him so repeatedly, would not forsake her, would stand by her no matter what happened. And so he thought himself. She had nobody in the world but him, and without him life to her would be intolerable.

One morning she told him that she feared she was pregnant. He took the news, he remembers, with rather bad grace. For that meant the need of some definite decision, taking a radical step. And he did not like definite decisions and radical steps. To her the thing seemed very plain; all they had to do was to get married. He called her his dear little wife, she was his wife in fact; all he had to do was to make her his wife before the world, and before the law. He thought so too.

Fain would he cast the mantle of impenetrable oblivion over all that followed: the stormy scenes with his father, the

repeated swoonings of his mother—she could swoon very conveniently—the angry contemptuous looks of his sisters, who were afraid that their chances would be spoiled by their brother making a mesalliance. The horror of it—a Martindale marrying a salesgirl! No, it could not be allowed. And then his forcible packing off to Europe. Was it really forcible? Considering now things calmly and being strictly honest with himself, he was bound to confess that it was not altogether forcible. That in the depth of his heart he was grateful to his parents for compelling him to part with Ida. For he began to fear that Ida was not a proper wife for him. And he began to find faults in Ida. Any man who begins to tire of his wife or his mistress has no difficulty in finding excuses for his tired feeling, finds it very easy to discover a whole list of defects.

And then coming to think of it, he never really promised to marry her. Oh, how he blushed now at this contemptible, cowardly thought! Many cowards try to justify their craven conscience by this dishonest subterfuge—that they had given no formal promise to marry. That all their actions were promises, that it was so self-understood that the poor girl would have considered it a deadly insult to either doubt it or to ask any questions, is of little significance with them. But he thought with satisfaction that he did not enjoy his European trip. Ida's face stood before him when awake, it stood before him when he was asleep. What has become of her? How did she take his good-bye letter? And were the two hundred dollars that he enclosed of any use to her in getting her out of her difficulty? And what was she doing now? All these questions kept on recurring to his mind, but the answers to them he was to learn only on his return to America.

His mother, who accompanied him to Europe, noticing his depression, tried to argue with him, upbraiding him for his infatuation for an "unprincipled adventuress", who, she was sure, only wanted him for his position and for his money; but when she saw that her arguments had an effect just contrary to what she expected, she left him alone. And he liked it better so.

Six months they travelled in Europe. The rich can afford such luxuries. Towards the end his young nature began to assert itself. The beautiful scenery, the interesting sights, the new customs and languages, the numerous people, the be vies of dainty, fresh, refined young girls he came in contact with, began to produce their effect on him, and the multitude of new impressions began to efface the old ones. Ida's face appeared at rarer intervals, and the question of her sufferings, of what had become of her did not present itself with the same implacable insistence as before. And when he did think of her, his evil genius would whisper to him: Oh, such things happen every day, and his conscience would be satisfied. At least he would try to make himself believe that it was, tho in his subconsciousness he would feel that that was no excuse, that he was lying to himself and

that his wound was not really healed from the bottom, that it was merely granulated on the surface, was merely patched over with a thin layer of adhesive plaster. And he felt that it would require but a slight pressure of circumstances to tear that plaster away, and to make the wounds of his heart and conscience re-open and bleed anew.

He had been barely a month in New York when his longing for Ida or perhaps his great pity for her returned in full force. He had to see her, he had to find out what had become of her. But where to look?

He walked the streets, he visited the various department stores, thinking that perhaps she took another position, he inserted somewhat masked personal ads. in the newspapers, but all in vain. There was no trace of Ida. A year passed. He had been graduated from college in the meantime, passing a rather mediocre examination, and to find Ida became now his *idée fixe*.

He told a newspaper friend the whole story, and begged him to help him find Ida Rosen if alive. If she was dead, he had to know the circumstances under which she died. Ida Rosen! The name was familiar to his friend. He thought he had heard it, he thought she had figured in the newspapers. Some three days later he brought Martindale a file of old newspapers in which the gruesome story was told, with harrowing details, photographs and illustrations, of how a young girl, Ida Rosen, threw herself in the river, how she was rescued by a burly policeman who jumped after her in full uniform, how dangerously ill she became—the shock produced a miscarriage—so that she had to be taken from the station house to the hospital, how for several weeks she hovered in the hospital between life and death, and how finally she recovered and was discharged by the magistrate with a suspended sentence. Some of the yellow newspapers got wind that the author of Ida's troubles was a rich young man, the scion of an aristocratic family. The reporters and special story writers tried by wiles, ruses and threats to get Ida to divulge the name of the young man, but all their endeavors to make a sensational salacious story proved unavailing. Ida obstinately, and without disguising her contempt, refused to utter as much as a syllable on the subject.

What became of her afterward the newspaper friend did not know. He promised to try to find out. He made inquiries at the Police Headquarters, and there he was told that they thought she had "gone to the bad".

One evening he met her. When she saw him coming, she wanted to run back, run as fast as she could. But her feet refused to move. And then Martindale was upon her and held her fast by the wrist. She tried to avoid his eyes. She covered her face with her free hand, that pale almost unrecognizable face, on which there were expressed horror, doubt, shame and humiliation—and joy. And then she broke out into quiet sobs which shook her small emaciated body.

He took her into a side street and spoke to her lovingly, soothingly. They went into a quiet little French restaurant and there they talked. That is she talked. He begged her to tell him all, to relieve her overburdened, bursting heart.

And he heard the sordid, painful, pitiful story of her disheartening struggles, after her discharge by the hospital and the court; with what scarce courtesy she was treated, when she applied for a position at the drygoods stores and how finally unable to stand the hunger any longer—his check she destroyed in a fit of passion together with the letter—and threatened with dispossession from her little hall-room, she took up the shameful trade she was now pursuing. Why she hadn't tried again to make an end of it all? It seemed to her as if that question was in his mind, (tho it wasn't). Because she was too unhappy, and *too indifferent to life to attempt suicide*. She had no pride, no ambition, no *manhood* left. In order to commit suicide a person must still possess *some love of life*. He or she must have some of their ideals left, some shame, some manhood. Those who have sunk to the lowest rung of the ladder do not commit suicide. Ida had no life left in her, and for this reason she did not seek death. And then the horror, humiliation and notoriety attendant upon her first unsuccessful attempt were still fresh in her memory and restrained her from making a second attempt.

And as she was trying to explain and justify herself—as if she needed justification—she broke out again into uncontrollable sobs. He soothed her.

"Whatever you are", he told her as he now recollected with satisfaction, "I have made you so. You are not to blame. I am the only one that is guilty. But it is all over; there will be an end to all your troubles. I have been a brute, but I will make amends, and you shall yet be a happy woman."

"Too late," she replied in her sad pathetic voice, "I have no life left in me and my heart is broken. I do not even know whether I am a safe person to associate with. There was a time when I could have made you a fit mate for life, but not now."

But, of course, he would not give in. He tried to persuade her. And tho she felt that it was more duty than love that spoke in him, she let herself be persuaded. Who can wilfully, deliberately push away happiness or the promise of happiness from one's self? A drowning man cannot refuse the life saving belt or raft, a man parched with thirst cannot refuse the sparkling draught which he knows will allay his agony, and a human being living in shame, penury, fear and humiliation cannot refuse the helping hand of a friend, especially when that friend was once a lover, a lover whose mere presence was still supreme happiness for her. Her present life was so horrible, that any change from it would be a salvation. And tho she did not mean to keep it up for long—so she confessed to him later on—she did so long for a little of the former pleasures, of the former

happiness, which he had promised her would be permanent, and which ended so suddenly, so quickly, so abruptly.

She moved into a new neighborhood, and he began to visit her frequently. Not as frequently as she might have wished, but as frequently as he could without exciting his parents' suspicions. She regained some of her former beauty and health, but not happiness. While he tried to convince her to the contrary, she felt that this was but temporary, that it could not last forever or for long. And when he spoke of marrying her as soon as he got some independent position, she only smiled sadly. So sadly that now after the lapse of so many years it still hurt him.

A succession of events brought about the tragic denouement. One evening as he was taking her to theatre, two painted and powdered damsels came up to them. They greeted her effusively, saying how glad they were to see her, and how they wondered what had become of her. She shrank back in fear and humiliation, without responding to their greeting. They passed on muttering some coarse remark about her being stuck up because she landed a rich "sucker". The evening in theatre was spoiled. They hardly exchanged a word. Her former life stood before her in all its hideousness, and his heart was heavy. The next day she spoke to him. She insisted that he must leave her, that she was not a proper companion for him. Life is not a slate, from which you can wipe off the disagreeable facts by passing a sponge over them. Certain events leave their indelible marks, which nothing can erase, nothing can obliterate, nothing can even cover up. But he was man enough to laugh at her suggestion. He said that it was only a matter of time, when her past would be forgotten by herself and others, and they would be able to live openly and peacefully.

At about the same time his newspaper friend found out about his relations with Ida and out of pure friendship he considered it his duty to notify Martindale's parents. He wanted to save him from an entanglement which would be sure to stand in the way of his future, which might entirely ruin his career. Another terrific scene between his hardhearted and dictatorial father and himself. High words were exchanged, and the result was an ultimatum: to give up that "wretch" at once or to leave the house. He left the house. When Ida learned of it, she did not say anything, but she began to get ready to escape, to leave New York, so that he could not find her. With the self sacrifice of women who love truly, she did not want to be in his way, she did not want to ruin his "future". He discovered her plans and reprimanded her severely. He told her that he would follow her anywhere, that he would not go back home, that he would stand by her thru thick and thin, and that she should not make it harder for him that it is. She might have let him persuade her—we are easily persuaded toward things which are the sweetness and happiness of life—but one morning she noticed that

she was suffering with a well-known infectious disease. The germs of the disease must have been dormant in her for some time. And she thought with horror that she must also have given the disease to Martindale. And tho he tried to conceal it from her, she found out that she did infect him, that he was suffering from the same disease. It was apparently in a mild form, but, as the doctor told him, some of the mild forms of the disease leave sometimes very severe sequelæ. And then her mind was made up.

The following morning he received a letter from Ida. He was surprised, as she was not in the habit of writing to him. And he was to see her the same day. When he opened the letter, a cold sweat came out on his forehead and his heart stood still. He remembers every word of it, for he still has it in his possession, and he has read it many, many times. It ran as follows:

Dear beloved friend:—I have decided to take the final fatal step. This is the only solution. You know as I do, that I cannot become your wife. My heart is broken, my spirit is crushed, my body is diseased. If you have sinned against me, you have tried nobly to expiate it, and I thank you with all my soul for the additional little happiness which you have allowed me to taste. I have loved you from the minute I saw you, and I love you now, and because I love you it is best I should die (and this time I will make sure). From the moment I saw you my thoughts have been of you only, and my last thought will be of you. I am a victim of our unjust social conditions. Not the first, not the last. If I may leave a last request, it is you should devote your life to work which will improve our social conditions, and which will perhaps make such victims unnecessary. I beg of you, do nothing after you receive this letter. It will be too late to do anything. Do nothing rash, that will bring you into useless notoriety, which can serve no purpose, except to make your family unhappy. Heart of my heart, life of my life, I embrace you and kiss you. The little happiness in my life I owe all to you. I kiss you. Yours forever, IDA.

Even now, so many years after, he was touched to tears by that last letter of love. How even at the last solemn moment all her thoughts, all her solicitude was for him and him only.

His first impulse was to run to her room. But as he went into the street, the newsboys were already screaming their extras. "Beautiful girl commits suicide." And he bought the paper and read the harrowing details. And he thought of the unpleasantness to himself, of the nasty insinuations of the newspapers, of the painful notoriety that would result to his father and mother and sisters. And so he refrained from going. The affair soon blew over. He received a letter from his father telling him that his absence was killing his mother and asking him to come home. He returned to the parental roof. His grief was respected and he was let alone.

Years passed. Ida became a vague and cherished memory.

He met Elaine Studdiford on one of his European trips. A warm friendship followed, and he asked to be permitted to call, on their return to the United States. Which permission was readily granted. In three months he proposed and was accepted. He loved Elaine, tho he confessed to himself that it was not with the same elemental passion that he loved Ida. But he knew that it was a love that would endure, for it was based on genuine affection and respect. She was not a silly butterfly, but a girl who was familiar with modern advanced literature and did a good deal of thinking on her own account. He told her of his affair with Ida, tho he didn't consider it necessary to tell her all the details. The story caused her an unpleasant hour, but she got over it quickly. As a sensible girl she knew that very few young men that amount to anything reach Richard's age without having had some love affair. He did not tell her, however, of the infectious disease that he had had. What was the use bringing up such disagreeable details? It was a mild attack and he was cured long ago.

How much would he have given for the advice to have had himself subjected to a thoro examination at the hands of a competent authority? How much life long irremediable suffering he would have avoided, he, his wife and his only child, if he had done that? But such an idea did not even come into his head. The family doctor who had treated him told him he was cured, and did not suggest that in years to come before entering matrimony it might be advisable to subject himself to an examination.

Both Richard and Elaine disliked pompous notoriety and they were married quietly. As he had decided to devote himself to literary work, they took a house in a small town near New York, and there they lived happily and peacefully, only coming down to the Metropolis to attend a lecture, a dinner, a play, or to get some books. A year later Elaine gave birth to a child—a bouncing boy. The doctor who attended her thought that the child's eyes looked somewhat red and puffy, but he paid no particular attention to that, only telling the nurse to wash them with boric acid solution. The condition instead of getting better was getting steadily worse, and very soon the horrible suspicion flashed upon the doctor's mind that he was having to deal with a case of ophthalmia neonatorum of a very virulent type. Specialists were hurried from New York, one with several nurses stayed there day and night, and tho everything known to skill and science was done to save the babe's eyesight, all was in vain. The child became totally blind.

This was a cruel blow to Richard Martindale, the cruelest blow fate has ever yet dealt him. He became morose, irritable and he ached at the cruelty of fate and the injustice and stupidity of the world. Mrs. Martindale was completely prostrated. Besides she was ailing with some internal trouble, which kept her in bed for several weeks. The specialists explained to Richard the nature of his wife's trouble, which was also the cause of the boy's blindness. Mrs. Martindale and he himself were treated

by one of New York's best specialists, until they could be pronounced radically cured. The doctor said, however, that while Mrs. Martindale would probably never have any trouble, he feared that she was not very likely to give birth to any more children. They were very anxious to have at least one more child, and Mrs. Martindale took every treatment that had in it the slightest promise of success, but as the months and then the years passed by, the doctor's fear proved well-founded. Mrs. Martindale was another victim added to the thousands and thousands of victims of "one-child sterility". And so he will have to go thru life with poor delicate blind Rostand, whose mere presence is a constant reproach, whose every groping step is a stab in his heart.

And Richard Martindale thinks it all over. He wonders if after all there is not a Nemesis on this earth even for people who have freed themselves from religious superstitions and theologic dogmas, if every immoral, unjust or anti-social act does not carry within it its own punishment. And isn't there something noble in the idea of the expiation of sin? But, of course, expiation of sin should not consist in hermitic seclusion, in self-castigation, which is of no use to anybody. It should consist in active, efficient social work, work which should help dry the tears and diminish the terrible, terrible suffering of humanity. For in spite of the progress we have made, humanity's suffering is still world wide and oceandeepest. This at least he is doing. For the sins he had committed against Ida, against Rostand and against beloved, patient non-murmuring Elaine he is trying to expiate to the best of his ability. He is devoting all his time and fortune to the enlightenment of the people, to the breaking down of social barriers, to the eradication of cruel superstitions and racial hatred, to the amelioration of our economic conditions. He is giving all his life to the bringing about of a better and saner social system, where there will be less hunger, less poverty, less weeping, less heartbreaking, less suffering, less agony, less hatred and less disease. To this work he is devoting every fibre of his soul—and he finds in Elaine a willing helpmate—and his work is bearing fruit.

And the god of the sun is caressing the earth with his warm rays. And the Adriatic sea stretching boundlessly beyond the horizon is waving invitations to all living creatures to come in and taste the delicious coolness of her waters. And the soft, snowy-white clouds which have in the meantime appeared from somewhere, hurry past as if on a mission bent, and disappear in the East. It is a glorious day.

Aboard Atlantic Steamer Cincinnati, July 14, 1912.

Sex Morality*

BY HORACE TRAUBEL.

Robinson raises a devil of a fuss wherever he goes and whatever he does. I always feel better after his fusses. His fuss may go against me. But I feel better. He may say the darnedest fool things. But I feel wiser after he has said them. If I was sick I'd want that sort of a doctor if I was ass enough to have any doctor. And I'd throw his medicine into the pot. And I'd take him into my heart. I live in a world of straddlers and fashioners. Robinson straddles nothing and fashions nothing. Most people I know dont want to be themselves. They want to be somebody else. Robinson dont want to be anything. He is a man. I dont know a man who makes me madder. And I dont know a man who makes me happier. Robinson on sex is like Robinson on anything. He's Robinson square. He's Robinson straight. Robinson never has but one kind of retort. The retort direct. Not that he cant be or is not courteous. But courtesy is not his point. Truth is his point. He's a fierce partisan. So am I. No one ever accused him of sneaking about in the midlands. Robinson is always in front of you. He fights always from the front. He declines all opportunities to flank you. He dont believe all is fair in love and war. He believes only fairness is fair no matter when or where. He never fires on you unawares. He creates no ambushes. He is rather the duelist than the soldier. And tho he dont give you the choice of weapons he wants you to have as good a weapon as his own. He is not ambitious for victories he dont deserve. Nor proud of victories over incapables. Now you will find Robinson in this sex book: in every word of it with which he has to do. The woman who takes part in the discussion thinks Robinson almost deliberately immoral. But he is neither moral nor immoral. He is embodied science. He wants to know what is. He wants to know what what is, came from and is going to. In order to get what he is after he has to accept what he discovers. Robinson could have no motive for wishing the race harm. Robinson is the race. The race is Robinson. Just as you and I are the race and the race is you and me. What Robinson wants to find out is what's best for the person and for all. What sexual habit reacts both ways with the most efficiency. What we must do to preserve and expand the body. What to maintain and enlarge the spirit. Robinson wants greater freedom if greater freedom has the right result. And less freedom if less freedom would give us nobler benefits. His prejudice is in favor of the open world. So is yours. So is mine. And anybody's. But we cant do as we please with sex. Nor can sex do as it pleases with us. There's a beyond that means death instead of life. There's a here that means life instead of death. Where does that beyond or that here commence? Robinson dont say he knows. None of

* Sex Morality. Past, Present and Future. By William J. Robinson, Leo Jacobi, James Warbasse, Edwin Walker, James Morton, B. S. Talmey, Maude Glasgow. New York: The Critic and Guide Company. [\$1.00].

his debaters say they know. But they're all trying to find out. All of them but the lady. She has settled it already. So Robinson cutely says she's out of the fight. What do you bring to this investigation? A book? Prejudices? The opinions of your grandmother? Traditions? The word of the church or the state? The anathema of the priest or the politician? The warp of the ascetic or the libertine? They're no use. You might as well not come as bring them. We only want you to bring one thing. Yourself. Yourself with all your doors ajar. Yourself without your shutters closed. Your woman's body and your man's body. Your woman's passion and your man's passion. Your virgin sex or your motherhood and fatherhood. We want you to bring them. With every experience you have realized. The bad and the good. The tainted and the pure. Without shame or pride. It's not an easy problem if you're honest and frank. It's an impossible problem if you're crooked and prudish. Robinson goes up to you if you come disguised and takes your mask off. A large part of the revolutionary work of history is taking masks off. Showing what people really are. Not even what they seem to be to themselves. What they actually come to in the summing up of their bones and brains. Whether in theology or economics or sex; it's all the same. Robinson is one of the masktearers. He's one of the brutal, kind, thoughtless, considerate confessors who force a reluctant world to acknowledge its aliases.

The Conservator, July 1912.

Vasectomy and Salpingectomy.

BY EDWIN F. BOWERS, M. D., HARTFORD, CONN.

Those sentimental but ill-advised individuals who hold that heredity is one of the last matters that the human race should concern itself about would do well to read the very able article, based upon an experience of upward of four thousand cases, by Dr. Martin W. Barr, chief physician of the Pennsylvania Training School for Feeble Minded Children, as reported in the February issue of the *Alienist and Neurologist*.

Dr. Barr cites the case of a half-witted father, aged 38, with 19 defective children to his credit. His wife and willing helper was considered fully his equal in mental equipment. There was, however, nothing wrong with their procreative abilities, and Dr. Barr figuratively pins the leather medal upon them for all round general obnoxiousness.

Next in line is a couple with only nine imbecile children—which, however, the most ardent sentimentalist and anti-race suicidist will admit is a fair quantum for one family.

Then an idiot, mother of seven idiot children, followed by a father with two daughters and an illegitimate grandchild, all feeble-minded; next a prize package family of seven generations of 138 "souls," with a total credit of 10 premature births, 16 insane members, 7 imbeciles, 3 epileptics, 32 feeble minded,

and 80 helpless slaves to a neurotic heredity; then a fair procession of 15 imbecile girls, 3 of whom were prostitutes, 9 had illegitimate offspring, one had two children, the result of incestuous intercourse with brothers, two were epileptics, and 7 had idiotic children.

Then a motley group of four feeble-minded women, with a grand total of 40 feeble-minded children—pretty good record, considering. Next a feeble-minded woman who was a star boarder in the almshouse from early life, and who had six illegitimate children who inherited their mother's plentiful lack of wit. Next an imbecile drunkard, proud father of three feeble-minded children, one of whose daughters bore an illegitimate, feeble-minded child before she was 16 years of age, one son a harmless imbecile, the other a thief and sexual pervert. Then a fine, old family who traced their lineage back to Ararat or the Heidelberg geological formation—I forget which. This band of miserables comprised three sub-normal generations, with at least 12 imbeciles to blazon the bar sinister on the family escutcheon. Bringing up the rearguard is a gibbering lunatic, whose brother and sister suicided, who boasted 5 sons, 1 feeble-minded and a drunkard, one insane, who begat three imbecile children, one epileptic, with three hopefully epileptic sons, and one insane, who unfortunately died without issue, and one apparently normal, who was blessed with an imbecile son and an epileptic daughter.

And thus they'll stretch out 'till the crack o' doom—unless the American public develops a modicum of intelligence and prevents it.

Mark you well. In the foregoing we are considering the experience of only one physician in the State of Pennsylvania. Wouldn't it cause a jackass to indulge in gleeful hysterics if he could only get it thru his thick head that our solicitude for the potential posterity of these incubi prevents us (excepting in a very few states, states conspicuous for the quality and quantity of brains possessed by their physicians and lawmakers) from interfering with the "rights" of these incompetents—their "rights" to perpetuate their scum and riff-raff upon us and our descendants forever and ever—Amen.

It's a subject which it is difficult to discuss with the patience and frankness demanded in a purely academic matter. It is so obviously, so manifestly absurd, so grotesquely unjust, to permit this *hoi polloi* to breed, that there can be no reasonable argument against stopping it.

I say REASONABLE. I don't consider sentiment, or a mawkish conservatism, or a timid fear to interfere, a REASON. It is not even an excuse.

We know as accurately as we can know any biologic fact, that the progeny of epileptics, the insane, the imbecile, the degenerate, will inherit the dominant characteristics of their parents; or if they don't, THEIR children, will—following the principle of atavism.

And supposing, for the sake of argument, that an occasional idiot or sexual pervert *should* accidentally produce a child which might prove to be somewhere near normal—mentally, morally, and physically. Have we any definite assurance that the world would lose a great genius—possibly another Milton, Wagner, or Spinoza—if this being had never been born?

We haven't the slightest compunction against killing, in the most brutal, inhuman, and unscientific manner, those who have incurred the heavy penalty of the law. We bundle them out of existence without a qualm. But their procreative powers are sacrosanct!

We sanctimoniously refrain from interfering with that which they share in common with all the brutes. If we are ever to improve humanity, we must make up our minds that the degraded irresponsible, the congenital defective, the incurably insane, and the irreclaimable criminal must be vasectomized or salpingectomized.

It won't hurt them, and it's bound to do us a lot of good. Let's get at it, without further loss of time.

389 *Main Street.*

The Medical Knockers' Club

BY IRVING D. STEINHARDT, M. D., NEW YORK CITY.

A remark made to me not long ago by a rather well known member of our profession gave me the idea of the little sermonette that I am going to preach. "Many of our medical societies have large memberships," he said "but none of them could ever hope to have a membership roll the size of a Medical Knockers' Club, if such a club were formed and all those eligible for membership were to join it." Not a very pleasant thing to have said about us, but not an altogether untruthful one.

It seems to be a favorite pastime with some members of our learned profession to constantly criticise the doings of their colleagues. It would not be so bad if their criticisms were just ones, but most often they are not. It also would not be so bad, altho it would be bad enough, if the criticising was done within medical circles, but it is not. The medical profession as a whole has nothing to gain by such acts of any of its members, but can only be injured by them. We cannot expect the public to have respect for us as men or for our profession if we, or a certain part of us, are constantly "knocking" each other in public.

The medical profession has nothing to conceal nor hide from the public gaze or scrutiny, for if anything were wrong with the profession the public would have a very great right to know it and know it promptly. That is not what I am driving at. I refer to that mean petty spirit of jealousy that causes one medical man to belittle the work of a colleague to the laity. The offense is a more flagrant one when the criticism is a totally unjust one. The motive, of course, is a very plain one. Increase of Dr.

Knocker's practice at the expense of his colleague. We are none of us infallible, none claim to be except Dr. Knocker, therefore it is quite true that perhaps in some cases mistakes in diagnosis may be made and even mistakes in treatment with the correct diagnosis—but in this latter regard who is going to judge which is the best treatment in many conditions. Certainly not the laity, and when Dr. Knocker holds forth to them on the short-comings of any of his reputable colleagues he is not endeavoring to advance medicine any, but has only his personal interests at heart. His attempts to advance his own interests, however, are costly to the rest of the medical profession, for his constant "pinning of medals upon his manly (?) breast" is undermining for all of us, including himself, the confidence of the public, who wisely wag their heads and say: "When one who belongs to the profession is constantly knocking it, there must be a good reason for it"—and the quacks and others of their ilk laugh long and heartily among themselves, in high glee as they see the public being driven to them for treatment for their ills, by the very ones who are supposedly their worst enemies, viz, the regular medical profession.

You cannot attempt to criticise a colleague to the public without injuring yourself, either at once or in the long run. The public may listen to you for a while, but remember that the public is very fickle, and a reputation built up by throwing stones at others will very soon crumble to pieces and leave you discredited and without a friend either in or out of the profession. In our medical societies among ourselves, let us do all our criticising of each other that we will, but even then in a spirit of honesty and not jealousy. Let it be a sincere desire to correct or improve and not merely a malicious desire to injure or decry. Let us do our criticising, even in our medical societies, with the one criticised present, so that he can let his side be heard also and the matter be judged on its actual merits. "Knocking" a doctor in his absence to the laity, or even to a fellow colleague, is unworthy of a member of the medical profession, and yet how often is it done. I have had it done to me and you have had it done to you, but I hope and am quite sure that I have never been guilty of making myself eligible for the Medical Knockers Club.

No patient can abuse or criticise a doctor to me. My invariable answer to such an attempt is that no physician cares to have a colleague talked about to him in any but a pleasing manner, and that unless they wish to praise my predecessor to please not say anything about him or even tell me his name. I take the trouble to explain to the patient that every doctor does his best under all circumstances, and that he has no desire to lose by death or otherwise any of his patients. They are his bread and butter to him and other things besides. That no physician can be perfect in all of the numerous divisions of medicine and that no one can do better than his best in any line of work, medicine

or otherwise. Even if the doctor in question has been wrong the patient will discover, under my guidance, that he was benefited very much, and that all I am going to do is to put on the finishing touches for the other doctor. There is no use in "knocking" a colleague to the laity, no matter what your private conversation with him afterwards may be. No, I don't mean that in consultation the consultant should uphold the family physician if he is wrong, for that would be the worst kind of fraud, humbug, and dishonesty, besides allowing harm to come to the patient. But even here the consultant's manner can be such as to avoid injuring the reputation and feelings of the regular medical attendant. Increase your prestige if you will but not at the expense of the other fellow.

Remember that when Mrs. A. comes into your office and tells you how much she has heard of you and how poorly she was treated by Dr. B, you had better collect cash for any service you may render her because probably her main reason for preferring you and disliking Dr. B. so suddenly is because he asked that she settle a long overdue bill. He was a very good doctor for her until he looked for real spending money for his services instead of promises. You will be the same to another doctor later on when you look for a cash settlement, and you will feel rather cheap if you have allowed her to abuse Dr. B. to you.

Let us be kind, courteous and helpful to one another, trying to advance the interests of each other. Ours is a gentleman's profession and the just mentioned qualities are part of the natural endowment of every gentleman. By honest criticism delivered to us at the proper time and place we learn and therefore advance ourselves and enhance our value to the public. No fault attaches to the physician who makes an honest mistake but it is a most serious fault if we lower the high tone of the profession by making ourselves eligible for the Medical Knockers Club, the members of which seek to advance themselves by uncalled for, and sometimes untruthful, criticisms of their colleagues, delivered especially to the public.

Dr. Knocker can always do better than anybody else in everything. Positively hopeless cases, bereaved families are informed, would have been saved had he been called, and the grieving members have added to their sorrow the torturing thought that they did not do all that was possible to save their beloved one from death. Dr. Knocker could have cured all surgical cases by medical means, he assures the friends or family of all surgical cases that he hears of, and saved the expenses and worry that a surgical case brings. Oh, yes the surgeon who had charge of the case was a very fair one but—etc.; and in the tone of the "but" plenty is said to Dr. Knocker's credit. Dr. Knocker has a list of the most marvelous cures he has made after the various patients have been given up by the most famous physicians and surgeons. "Modesty" with a large capital M has prevented him from making these cases known to anyone

except the public. He has never published them in medical journals or announced them in medical circles because he did not wish to make his colleagues feel ashamed of their stupidity as compared with his great intellect. But why go on. You have all met a Dr. Knocker. You know how much you liked him. Moral:—Don't belittle yourself or your profession by being like him.

Treatment of Chronic Metritis.

In the *Revue de Chirurgie* (*J. A. M. A.*, July 6) Mocquot and Mock report the favorable experience in Delbet's service with uterine injections of a 30 or 40 per cent. solution of zinc chlorid, which Delbet has been applying since 1897. He regards it as decidedly superior in its results to curetting, while it is a far simpler and less hazardous procedure and can easily be done by any practitioner, the patient having only to rest a few hours afterward and is up and about the next day. The best results can be counted on in hemorrhagic metritis, especially when consecutive to an abortion; a single injection will often cure in these cases. In the metritis of elderly women, or with sclerosis or myoma, more injections are necessary for the same result. In glandular and parenchymatous metritis the effect is most marked on the pain and enlargement of the uterus; these subside but the leukorrhea generally persists. In addition to chronic metritis, the method is applicable whenever curetting is indicated. A 40 per cent. solution is used in the hemorrhagic cases and 30 per cent. in others; 1 or 2 c.c. is sufficient and never more than 3 c.c. is used even when the uterine cavity is abnormally large. The cannula is introduced to the bottom of the uterus and the fluid injected without pressure as the cannula is withdrawn, twisting it around to irrigate the entire surface of the mucosa. The vagina must be carefully protected against any contact with the fluid, and afterward a vaginal douche is given. Pain from the injection is prevented by previous anesthesia of the uterine cavity, but occasionally there is tardy pain, uterine colic, suggesting labor pains, but they can be soothed by moist heat to the abdomen or laudanum enemas. It is impossible to foretell which patients will or will not have these pains. In some cases they are quite severe, with vomiting and a tendency to syncope. Cuhe advocates a systematic injection of morphine after each cauterization. Delbet waits for the eschar to be thrown off before repeating the injection, if more than one is required; this usually occurs in six or seven days. After three injections he waits for the result; if not satisfactory he gives a new series. No mishaps have ever occurred from the method in Delbet's service, and scarcely a day passes in which it is not applied.

THERAPEUTIC GUIDE

Abstracts on Therapeutic Subjects, Interspersed with Diagnostic
Points and Interesting Medical and
Historical Facts.

Two Efficient Applications in Hemorrhoids.

In the New York Medical Journal for July 6, Dr. Wm. J. Robinson recommends the following two preparations as very efficient:

I.

℞ Pulveris gallæ, ...3i;
Zinci oxidi, ...3i;
Hydrargyri chloridi mitis, ...3ss;
Bismuthi subnitratiss, ...3i;
Cocainæ hydrochloridi, ...gr. v;
Unguenti aquæ rosæ, ...3i.

M. Fiat unguentum.

II.

℞ Pulveris gallæ, ...grs. v;
Zinci oxidi, ...grs. v;
Morphinæ sulphatis, ...gr. ¼;
Cocainæ hydrochloridi, ...gr. i;
Atropinæ sulphatis, ...gr. 1/60;
Olei theobromæ, ...grs. xxv;

M. Fiat suppositorium No. i. Da tales doses No. xxiv.

In external piles the ointment is used, well smeared in, within and around the anus, and protected with a piece of cotton partially inserted therein. In internal piles the suppositories are used. Sometimes both are required. The suppositories are used once or twice, the ointment three times a day.

That the anus is to be kept thoroly clean, that constipation is to be avoided goes without saying. Injections several times a day of four to six ounces of cold water within the rectum aid the treatment materially.

Dr. Robinson states that the old fashioned powdered nutgall is the best astringent in cases of hemorrhoids. Neither tannic acid nor gallic acid, and still less any of the mineral astringents can take its place. The fear that might be entertained of a cocaine habit on account of the cocaine in the suppositories and in the ointment is groundless. He never saw it cause any trace of any habit. That the patients may not repeat these prescriptions indiscriminately is well accomplished by our law, which prohibits the renewal of any prescription containing cocaine.

Hexamethylenamin Acts Only in Acid Urine.

The discovery of a substance which would, in *alkaline* urine, exert something approaching the antiseptic power of hexamethylenamin in *acid* urine, would be an immense advance in therapeutics.—Jordan.

Menstruation without Ovaries.

At the last meeting of the American Gynecological Society, Dr. Palmer Dudley reported the case of a woman who had both ovaries removed and who continued to menstruate regularly every 28 days. In the discussion, several physicians mentioned similar cases from their practice, and even cases of women with both ovaries removed, who bore children. Apparently a small amount of ovarian tissue had been left behind.

It is Not True.

1. It is not true that gonorrhea is an incurable disease; and the epigram: "Once a gonorrhea, always a gonorrhea" is as untrue as many epigrams are. Many cases are extremely difficult to cure, but there is a great difference between curable with difficulty and incurable.

2. It is not true that syphilis is incurable. Thousands and tens of thousands of patients who had had syphilis, were perfectly cured, married and had healthy children without the slightest taint, and lived to an old age in perfect health.

3. It is not true that perfect sexual abstinence can be practiced indefinitely by everybody without any injury to the sexual system or to the general health.

Neosalvarsan in Malaria.

Drs. Iversen and Tuschinsky report (*Münch. med. Woch.*, July 16, 1912) 5 cases of malarial fever treated with neosalvarsan with prompt and specific effects. An intravenous injection of 0.75 cuts short the attacks and the parasites disappear from the blood. They consider neosalvarsan a specific in malaria.

Andrin vs. Arsenic.

In the chlorosis of girls and young women, andrin is more efficient than arsenic, says Dr. Magnus Hirschfeld. [This is an epigram.]

Benzol in Leukemia.

Prof. A. V. Korányi reports (*Berl. klin. Wochen.*, July 15, 1912,) to have obtained good results in leukemia from the use of benzol, 3 to 4 Grams (45 to 60 grs.) daily. The case that he reports as an example in the preliminary communication showed 173000 leucocytes on February 23. Under the influence of benzol the number gradually diminished until on May 12 they numbered only 12000. Later on the number went down to 8000 and remained unchanged after the treatment was discontinued.

Drops in Simple Conjunctivitis.

Zinci sulphatis.....gr. i
 Aquæ feniculi.....ʒijss
 Aquæ destili. ʒijss
 Sig. Instill 2-3 drops twice or three times daily.

[I do not know what the fennel water is good for, but the German ophthalmologists seem to have a liking for it. Perhaps it exerts a soothing influence. W. J. R.]

Compresses for Simple Conjunctivitis.

Zinci sulphatis.....	gr. viii
Tinct. opii.....	min. xv
Aq. laurocerasi.	ʒij
Aq. destill.	ʒv
Sig. Apply on compresses.	

In Tender and Bleeding Gums.

Nothing so good in gingivitis as touching the gums with aromatic sulphuric acid or tincture of myrrh. Put a bit of cotton on a toothpick, dip into either preparation and apply firmly to every part of the gum. Then as a regular daily wash use the following:

Thymol.....	gr. v
Ac. benzoici.	gr. xxx
Ol. menthæ. pip.	mx
Alcoholis.	ʒij

Half teaspoonful to half glass of water for brushing the teeth and gargling the mouth.

In Dysentery.

Iodoformi	gr. xv
Ac. Tannici.....	gr. xx
Sodii Chloridi.....	gr. xlv
Amyli.	ʒiij
Aquæ	oj

Prepare *lege artis* in the form of a mucilage and add
Tinct. Opii deodorati M. xxiv.

Inject into the bowel, to be retained for about 15 minutes.

On many skins even the best soaps act as an irritant and it is best in all cases to use soap in moderation. The amount of soap used is not directly proportionate to a person's culture.

It is pretty well established that trauma plays a role in the causation of tumors. All long continued irritation should be avoided, no matter on what part of the body.

In Sir W. B. Leishman's opinion the vaccine treatment of typhoid fever is fully justified and will grow in favor as time goes on.

The Value of Morphine in Advanced Heart Disease.

Siebert of the Public Hospital at Hamburg praises highly the value of morphine as a tonic in advanced heart disease (*Med. Klinik, J. A. M. A.*); it tranquilizes the patient, regulates the

heart action and may even show a tendency to cure. In one of the five extreme cases reported, large doses of morphine kept up for twenty-three months restored the patient to a comparatively active life. He was a young man with advanced degeneration of the heart and valvular insufficiency after recurring acute articular rheumatism, his earning capacity entirely gone and a speedy death apparently impending. Recurring infarcts in lungs, kidneys and spleen tormented him besides. The outline of the heart was two fingerbreadths to the right of the right margin of the sternum, and the same distance to the left of the nipple line. He improved under the morphine until he was able to play ball and resume continuous light work. He was in the hospital twenty-three months, and had received daily from 0.02 to 0.09 gm. [$1/3$ to $1\frac{1}{2}$ grs.] morphine during the first six months, then from 0.12 to 0.34 gm. [2 to $5\frac{1}{2}$ grs.] daily for a year with progressive large doses of chloral. After in this way progressively increasing the doses, they were reduced gradually to zero in the course of the following five months, and the young man was discharged in fairly good condition. He had two recurrences of the rheumatism during the following year but compensation was maintained and the heart did not seem to suffer. There were no indications of morphine poisoning at any time, and the earning capacity has persisted unimpaired during the nearly two years since. The author reviews what others have written on morphine in heart disease; he is inclined to ascribe its efficacy to the breaking up of a vicious circle involving the nervous system and the heart.

A Unique Simile of An Enzyme.

"We may roughly compare an enzyme to an ill-disposed person who comes into a room full of good-natured people, and who succeeds in setting them all by the ears. He has produced a change in them without undergoing any change himself, by his mere presence. He is, moreover, able to repeat the process over and over again in fresh roomfuls *ad infinitum*." Thus writes Prof. Halliburton. Similes and analogies are dangerous things. The ill-disposed person is a nuisance, while the enzyme is a necessity to the animal economy. But from Prof. Halliburton's definition the general reader might get the impression that the enzymes are not only unnecessary but injurious ingredients.

Menstruation without Ovaries.

If a physician has dark hair and desires a beautiful iron gray to develop in the course of a year, just let him remove both ovaries, having first told the woman that she will never be worried again with menstruation. I have three such patients, and while I am completely cured, those three women have a worse complaint than ever, so far as the menstrual habit is concerned. So writes Dr. S. H. Landrum in a letter to the J. A. M. A. à propos Dr. Findley's report.

Pituitary Extract in the Treatment of Rickets.

Noting that pituitary extract is rich in phosphorus, Klotz, of the faculty of medicine at Tübingen, has been using it, in combination with calcium carbonate, in the treatment of rickets (*Sem Med.—N. Y. Med. Journ.*). He has tried this treatment in five children between the ages of one and two years, who were unable not only to walk, but even to stand erect. In so short a period as from eight to fifteen days, these children actually began to walk, while after five or six weeks their transformation was remarkable. The sensitiveness of the bones was diminished so that they no longer cried when placed on their feet, their weight, lowered by diarrhea, quickly increased, their muscles became firmer, from a condition of gloom and apathy they became cheerful, the fontanelles began to close, and the teeth were notably stimulated in their growth. As in osteomalacia, where the pituitary extract seems to be equally efficacious, Klotz attributes the results to the phosphorus rather than to the calcium.

Prevention of Hemorrhoids.

A small enema of tepid water after each defecation, which carries away the remains of the feces lodging in the folds of the rectal mucous membrane, is a good preventive of hemorrhoids. Dr. Lenhossek says that in his own case the systematic use of these enemata completely cured a hemorrhoidal condition that had tormented him for years, and he knows of similar experiences among his friends.

Camphorated Oil Intraperitoneally.

The use of oil on the peritoneum after operations has been known for a long time. Recently instead of a plain sterilized oil some surgeons have been making use of a 1 per cent. camphorated oil, and they report very good results. 200 to 300 c.c. is used in adults; this equals 2 to 3 grams (30 to 45 grains) of camphor, but it is claimed to be absolutely harmless. Besides lubricating the intestines and thus preventing adhesions, the camphorated oil seems to prevent the absorption of bacteria and toxins; it is also antiseptic and acts as a cardiac tonic.

Soluble Aspirin.

Soluble aspirin is a calcium salt, containing about 10 per cent. of calcium and 90 per cent. of aspirin. The tablets contain about 15 per cent. of starch. It is readily soluble in water, has a neutral reaction and but slight taste.

Kranit-Pastilles.

Kranit pastilles are little lozenges containing elementary yellow phosphorus. They are of two strengths: 0.0005 (1/200 grain) and 0.00025 (1/400 grain). They are recommended as a superior form for administering elementary phosphorus, in rickets, osteomalacia, etc.



The J. A. M. A., The N. Y. Med. Journal and The Med. Record.

July 18th, 1912.

Editor CRITIC AND GUIDE,

Dear Sir:—On July 2nd I sent to Dr. Alexander Craig, the Secretary of the American Medical Association, the following letter with the suggestion that, if he deemed proper, he might cause its publication in the Journal of the A. M. A.

"My very good friend, Dr. Wm. J. Robinson, publishes an editorial on p. 243 of his CRITIC AND GUIDE which is based on a mistake. Perhaps you think it worth while to have it corrected before another number of the CRITIC AND GUIDE will appear. Dr. Robinson expresses the opinion that my presidential address of June 4th was published in the New York Medical Record and the New York Medical Journal *"without Dr. Simmons' permission"*, and *"with the severe disapproval of several Chicago gentlemen"* simultaneously with its appearance in the Journal of the A. M. A. (June 8th, 1912). Now, being aware of the fact that in former times these weeklies presented the Presidential address in their first issues after its delivery on the same dates on which it appeared in the Journal of the A. M. A., *with the exception of the last few years*, I asked Dr. Simmons for the reasons why, and requested him to send me several copies of the galley proofs which I wished to place at the disposal of such journals as might desire to have them. I was told by him that our journal has been in the habit of transmitting such copies to those journals whenever possible. But it so happened that for several years past the manuscripts were delivered so late that the former courtesies became impracticable for *lack of time*. In order to restore the old custom I was told that my manuscript must be delivered on the 22nd of May. But I was delayed myself, so much indeed, that part of my address was sent to Chicago quite late. Meanwhile Dr. Hyde, the representative of Dr. Simmons in the latter's absence, was quite anxious to oblige both the New York Medical Journal and the New York Medical Record. Unless I be mistaken, I believe some sheets were sent them. At all events several copies were sent me to New York and afterwards to Atlantic City where I stayed the last 8 or 10 days before the sessions of the A. M. A. began. Thus it happened that I handed some printed sheets to the Editor of the N. Y. Record who was present in Atlantic City and supplied him, with the knowledge and hearty approval of the Editor of the N. Y. Journal, with parts of my manuscript of which I had an extra copy. I know it took unusual

efforts on the part of these two editors to arrange amongst themselves a method of supplying their magazines in time for the issue of June 8th. In this whole matter I admired and enjoyed the most cordial cooperation and mutual good will of the three journals."

The foregoing is a literal copy of my letter to Dr. Craig. On May 27th Dr. Simmons wrote to me in connection with the question of supplying other Journals, advising me to send proof to any of them, but expressing his belief that even at that time it might be too late.

My letter to Dr. Craig was not published. But I consider it a duty to myself, to you, and to the profession to make you appreciate the seriousness of your mistake. Charges like those contained in your editorial, and insinuations, are no longer merely personal. The position of Dr. Simmons is one of great responsibility. If your article were directed against the editor of any other journal, I should not feel tempted to protest. It is different, however, in the case of our official journal, which is destined not only to instruct but also to guide its seventy thousand readers and fellows of the Americal Medical Association. Its Editor must not be suspected, with reason or without, to have his judgment and decision perverted by any sort of personal bias. The profession requires confidence in the editor's and manager's ability and probity. Now, having some knowledge of and intense interest in the affairs of the A. M. A., I know the dangers of unjustified disapproval and the need of hearty cooperation to create a sound public opinion. Magazines of high standing such as yours, carry a great responsibility. Their criticism, their rebuke, their praise have great weight. That is why you are not entitled to make mistakes such as those on p. 243, and bound to correct them publicly.

Very cordially yours,

A. JACOBI,
President of the American Medical Association.

Is Insanity Hereditary?

Dear Editor:—

I have read your "Limitation of Offspring" and your "Practical Eugenics" and I wish to say that I heartily indorse your ideas in both lectures. A public expression of my opinion on the importance of teaching people to control impregnation appeared in the "New York World" November 16, 1905. I had been thinking a long time of the utterly unscientific and unhumanitarian views of Teddy R. and late in the evening of the 15th of November, I decided to write a letter to the World protesting against his views. In the issue of the very next morning there appeared an article in that paper headed "Reaction on 'Race Suicide' Question," etc. Among several quotations from correspondence was the following one from my letter: "The great number of children born of very poor parentage

is a millstone about the neck of the average of civic condition or citizenship. To raise the average of citizenship what can be done? The answer comes, let those who can afford it have more children and those who cannot afford it have fewer children. Race suicide is justly condemned. The nation needs children, but she needs children worthy of her, who are not wrecked in the struggle for existence almost before they begin it." I had written quite a long, terse letter but the above quotation indicates the keynote of the whole.

From the fall of 1899 to the fall of 1908 I was in New York practising my profession, or, rather, trying to build up a practice in my profession. For the first few years I seemed to be gaining in my endeavor and seemed to be making valuable acquaintance with desirable and influential people, but after a time there was an invisible force of opposition which increasingly made my life and prospects dismal. I have no way of proving the idea but there has been little doubt in my mind that that letter or, rather, the quotation from it that appeared in the "World" had much to do with the decline in the favor which I received. If such is the case, it is an example of the ignorance, the unthinkingness, and the meanness of people who are the most intelligent (supposedly), who are living in the metropolis in this early part of the twentieth century. My experience was the most cruel where I had some reason to suppose that it would be the most kindly, namely, in one of the big churches. With a lot of flattering jolly as leaven, they forced upon me a lot of insult that hurt me not only as a gentleman and scholar and a physician but also as a civilized man. Notwithstanding the fact that I spent my afternoons in the clinics treating the scum of the earth, the unfortunate, and the dead beats for nothing, one leading "churchman" seemed to expect me to spend all the rest of my time in doing missionary work. He seemed to think that I should become a typical denizen thereof. Altho he openly professed to be a firm friend and even a brother to me (which declaration I accepted with caution and reservation, awaiting proof), he turned out to be the damnedest tyrant, prig, prying sneak, ruthless hypocrite, perfidious "friend", and general scoundrel with whom I has ever been my lot to fall in.

There is one little point in your articles with which, if you will permit me, I cannot now agree but it does not militate materially against your theories. I do not now believe that insanity is hereditary. On September 6th, 1910, I read here before the County Medical Society portions of a long paper entitled "New Ideas on the Causation, Nature and Treatment of Mental Diseases with Relevant New Considerations on Psychology" and in it I maintained that insanity is not hereditary. I, of course, know that this view is contrary to the prevailing one. But my whole paper was devoted to ideas that were practically contrary to prevailing views, in greater or less degree. The whole subject of psychiatry as it is known to-day needs a

thoro revision and I consider, if I may be allowed that privilege, that my paper did it. I offered it in the contest for the Merritt Cash prize of the N. Y. State Medical Society in 1911, but it was not recognized as a winner. It must, of course, be admitted that insane people are not fit to have and to rear children even if insanity is not inherited. By the way, I account for the occurrence of several cases of insanity in one family by the fact that the members are subjected to the same influences, chiefly the same mental influences, the same mental atmosphere.

Very truly yours,

Herkimer, N. Y.

GEORGE E. BARNES, M. D.

The Bible, Prevention and Abortion.

Editor CRITIC AND GUIDE:—

There are still millions of people who read and believe in the Bible, and it is a factor that has to be dealt with, altho there are millions who do not read the Bible, but accept blindly that which is told them. These people see, as thru a glass darkly, and are deceived.

Limitation of offspring invariably [?] leads to abortion. If the apple is ripe, it readily falls into the hand; attempt to pluck it green, and you are apt to break the limb.

Abortion is an interrupted process, after which complete involution never [?] takes place, leaving the womb enlarged for life [?], and is the source of all kinds of trouble in after years, provided there are no other complete pregnancies. The use of the syringe after intercourse is positively [?] dangerous, and is apt to cause tubal pregnancy, or at least engorgement, and subsequent ulceration. It is a well known fact that abortion and venereal diseases cause the greater part of the Gynecological work.

The laws of Nature are the laws of God; they cannot be broken with impunity. To transgress these laws is the road to destruction.

One of the first laws given to man, was to "Go Forth! Multiply, and replenish the earth!" This law has never been repealed. Evil knows no restriction. The good are controlled by reason and governed by law. It is eternal warfare between the two. As we sow, so shall we reap. Shall we replenish the world with good or evil? I believe in the emasculation of all confirmed criminals, and in the successful propagation of all good. It is a moral obligation for us to marry and multiply.

Should we not be willing to give even life to save life, or bring life into the world? In sexual matters, as in all else, the Bible should be our guide, and all thru the Old and New Testament we have statements and parables that can be applied to this subject. A lady once said, it was better to have a dozen children around her than one on the mind. Many a poor misguided woman has suffered the tortures of hell, because she destroyed a defenseless life, that a mother love should have protected and nourished, and it is life, immediately after conception.

The economic conditions are such that it is almost impossible to raise large families, but we should have faith. Remember the lillies of the fields. Solomon in all his glory was not clothed as one of these. It has been said that it was a crime to bring up children in poverty. I have six children. Is it our fault? Have we not been robbed by the rich? When conditions are such that a poor man cannot raise a family, God help the Nation. Place the blame where it belongs. Stop gambling on food products and vital necessities; encourage Municipal and Federal Ownership of Public Utilities; give us Free Trade and Single Tax, and the problem is solved.

Respectfully,

J. G. MARBURG, M. D.

412 Mehilhon Bldg., Seattle, Wash.

It is discouraging, it is heartbreaking! Our correspondent's heart is undoubtedly in the right place, but when it comes to his logic, one feels like swearing at nature why she did not endow everybody with the power to think clearly and analytically. It is particularly discouraging to see such muddled thinking (we are sorry not to be able to use any milder expression) on the part of one who signs himself M. D. "Limitation of offspring invariably leads to abortion" says the good doctor and on the strength of this baseless and false assertion he proceeds to deliver a pious sermon. Limitation of offspring does not lead to abortion, neither invariably, nor even not invariably. On the contrary the proper prevention of conception is advocated by many for the purpose of obviating the deplorable and dangerous recourse to abortion. Abortion is a great evil from a physical and psychic point of view, prevention of conception is not. As a matter of fact, there is not a couple in the world, except those on the lowest rung of moral and economic degradation, that does not practice some form of prevention. All we say, instead of using improper and injurious methods, use safe and harmless measures. And does Dr. Marburg really think that because the bible says: Multiply and replenish the earth, human beings should breed like animals, without regard to the health of the mother or the possibility of bringing up the children properly? One wants to be charitable, but it is a great tax on one's patience not to use a cuss word. Such reasoning might be intelligible in a superannuated clergyman but is well-nigh incomprehensible in a physician.

He Wants Rational Polygamy.

Editor of CRITIC AND GUIDE:—

After twenty years study of the four social problems, marriage, divorce, prostitution and destitution, I am firmly convinced that plural marriage would minimise divorce, prostitution and destitution, (and per se the venereal peril) more practically than any other reform or combination of reforms that could possibly be inaugurated; and I stand ready to prove to any unbiased, open-minded, intelligent person or persons, that Rational Poly-

gamy (please don't confuse this with mormonism) properly instituted, carried out on a basis of accurate reasoning will reduce prostitution, destitution, poverty, divorce, the venereal evil, mortality; will elevate the human race, will advance the science of Eugenics with greater certainty, more practically, more effectively than any other reform that could possibly be inaugurated. Opening people's minds and hearts to this solution of these great problems would be difficult, but the result is a simple sum in arithmetic patent to all who can add and subtract.

The proper conception of Universal Rational Polygamy would raise the status of woman to a place little dreamed of in her wildest dreams.

Very truly yours,

E. 18th Ave., Denver, Colo.

GERALD LEIGH.

Now what do you think of that?

As to Our Responsibility for Our Acts.

In the CRITIC AND GUIDE for June, p. 238, Dr. Minton elaborates the truism that each of us is the product of antecedent causes over which none had any control. He infers from this indisputable proposition that the individual "is irresponsible for his individual acts or the course of his life." This contention contributes nothing to the solution of social problems; it simply makes each factor the canceler of another factor or of other factors, thus reaching nothing but negation. A, being irresponsible in his attempt to whip B, B irresponsibly resists, and C, society, irresponsible, shuts them both up for disturbing the peace. So no rational and orderly science of society is possible, and none of the three has any ground for complaint.

The mistake that Dr. Minton makes is in fixing his gaze on a metaphysical generalization and wholly overlooking concrete social conditions. Because one individual is not responsible for his nature does not take from any other individual the right of self-defense. How he exercises that right, savagely or humanely, is quite another issue, with which we need not deal here.

Metaphysically viewed, the cyclone is not responsible for its destructive effects, but man digs his underground place of refuge just the same. Metaphysically viewed, the purslane and foxtail in the farmer's garden and field are not responsible for choking the crops, but the farmer wages unceasing war against them just the same. Metaphysically viewed, the mad dog is not responsible for his disease, but man kills him just the same. Metaphysically viewed, the insane person is not responsible for his damaged mental machinery, but just the same society restrains him and subjects him to a course of curative treatment.

Metaphysical recognition of the causes that impel a wagon to run away down hill does not prevent the driver applying the brakes and pulling back on the horses' bits. If I attack Dr. Minton in a dark street and try to rob him, he will give his metaphysics a vacation and take refuge in applied sociology.

EDWIN C. WALKER.

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The "Critic and Guide" is so different, so unique, occupies
a field so entirely its own, that you cannot well afford to
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THE MEDICO-PHARMACEUTICAL

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH. G., M. D., EDITOR.

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It is better to make a mistake in trying to tell the truth
Than never to tell the truth for fear of making a mistake.

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EDITORIALS AND EDITORIALETTES

APHRODISIACS AND REMEDIES FOR IMPOTENCE.

There is no class of remedies which is in greater demand and finds a readier sale than those advertised as aphrodisiacs or recommended for sexual impotence. No matter what the remedy be, be it used externally, internally or hypodermically, advertise it in the lay papers or in the medical journals with the caption For Sexual Impotence, and you will surely create a demand for it. It might as well be stated unequivocally that there is no *drug* in the official or unofficial materia medica which has the property of either exciting an absent libido or of curing sexual impotence. Aphrodisiacs are frauds for there are no *aphrodisiacs*, and this term should be discarded from our therapeutic classification. There are drugs which, in conjunction with other measures—*local*, hydrotherapeutic, hygienic, electric, etc. will prove beneficial in the treatment of sexual impotence, but there is no drug, mineral, vegetable or animal, which will in itself cure impotence. Alcohol is about the only drug which may be considered a temporary aphrodisiac, but its action is ephemerical and if abused or used too frequently it will lose its effect and will leave the patient in a worse condition than he was before. Strychnine is the only drug which in large doses does seem to possess the power to improve erections and retard ejaculations, but it must also be used with great caution and in strictly individualized cases. Given for instance to patients with irritable impotence, it will do harm and not good.

I have given every drug recommended as an aphrodisiac a

trial, and I have found them all worthless. In some cases the patients told me that their libido was increased, but I discovered that it was merely the result of suggestion. When I did not tell them what the expected action of the drug was, or when I told them that the drug would quiet their nerves, they never reported an increase in libido. And I have come to the conclusion that not only are there no drugs which would by themselves cure impotence, but that even drugs recommended merely as aphrodisiacs are a snare and delusion.

There is no royal short road to the treatment of impotence. The condition is an exceedingly complex one, resulting from a multiplicity of causes and no "mail treatment", no pills, no capsules, no suppositories, no ointments rubbed on the glans or on "membrana preputii" will cure it. Any assertion to the contrary is fraudulent. Only by the most painstaking ferreting out of the causes in each case, by ascertaining the stage in which the patient is and by applying the treatment in the most careful individualized manner, can we hope to attain gratifying results.

THE DURATION OF OUR PASSIONS.

La durée de nos passions ne dépend pas plus de nous que la durée de notre vie—The duration of our passions no more depends upon ourselves than does the duration of our life. So says La Rochefoucaud. But our author is mistaken. For the duration of our lives does to a great extent depend upon ourselves. Under strict hygienic living and by avoiding foolhardy dangers, we can prolong our life considerably. By excesses, dissipation and carelessness we can shorten it. And so with our passions, by which the author means love. With careful solicitude love can be made to last a lifetime; under brutal manipulation, it will soon wither and die. For Love is a tender plant requiring loving care.

A STORY WITHOUT A MORAL.

The case is about the well-known Mr. X. He is a very nice young man. From what follows it might appear that I am using the word "nice" sarcastically, but I am not. He was really a nice, conscientious young man. He is just past thirty. He had a gonorrheal infection at the age of twenty. He was treated very energetically and was completely cured. He remained continent for about two years. And then he could stand it no longer, or he thought he couldn't. But ill-luck pursues some people. A year later, at the age of twenty-three, he had the misfortune to contract syphilis. He had the good sense to go to one of the best specialists in the country, was actively treated for two years, and was pronounced clinically cured. For four years no symptom had made its appearance. His disease became a vague shadowy memory to him. He was in good health in every respect. The physician who had treated him told him he was all right, he had nothing to fear.

He began to keep company with, say, Marion, a splendid young lady whom he had known for some years, and who, he knew, was not indifferent to him. They became engaged. And in two or three months the day for the wedding was set. And they were as happy as a loving, congenial and healthy couple can be. Accidentally our young man read in a medical paper that there was a new test, the Wassermann, by which it could be positively determined whether a person's blood still contained syphilis or was absolutely free from any taint of the disease. He was, as I said, a very nice conscientious young man. And forthwith he decided to have a Wassermann test made. And he read with a pang in his heart that the result was positive, that is that there still was some syphilis in his system. And again there began a series of injections and inunctions in addition to internal medications. In three months another Wassermann—and again positive. He was now given an intravenous injection of 606. In a month another test—again positive. As he was a very nice young man and loved his Marion dearly, he did not lose patience and took another injection of 606. And once more the report was that the Wassermann reaction was positive. He thought and brooded over the matter for some days and then his course seemed to him perfectly clear. There could be no two opinions on the subject. It cost him a good deal of effort, but it had to be done. He had no right to endanger the health and life of a pure healthy girl. He wrote to her that he could not go into details, but for valid and irremovable reasons, he was obliged to give her back her word, and it would be best if they never met again. He hoped she would understand that this decision was irrevocable and that she would have enough consideration for him not to ask him for an explanation.

In former days this would have ended the matter. Marion or Maud or Elizabeth or Irene or whatever her name happened to be would cry her eyes out, would break her heart and would pine in solitude—either forever or until some other man would take pity on her. And it would form the plot of a very pretty sentimental novel. But times have changed. Girls do not pine their lives away on account of some probable or improbable misunderstanding, without asking for an explanation. In two hours after the receipt of the letter Marion was in his office. She had a right to know the reason. She did not intend to change his decision, but she was not a child that could be fobbed off with a fabricated story, or asked to demand no explanation in a matter which affected her whole future life. She came to know the real reason and she would know. And in ten minutes she knew everything. The same day she was at the doctor's. She wanted to know if marrying Mr. X would endanger her health and if the offspring would be diseased. She was told that she ran no risk as long as she did not become pregnant. If she became pregnant she ran some, tho not very great, danger of becoming infected. The offspring, however, was apt to be diseased,

or at least below par. She asked if there was any possibility of Mr. X being cured completely. She was told there was. Her comment was that children were not *everything* there was to married life. And they would guard against having children for some years to come.

They were married. And they have been living an unmarred, unclouded, happy life. The last two Wassermann tests have both been negative, and if after six months more no symptoms whatever make their appearance and the blood test remains negative, permission will be given them to have a child. The health of both parents is perfect and there is no fear about the future child's health.

THE TRAINING OF THE GOOD PHYSICIAN.

To have to listen to the usual Commencement address has always been considered by most normal and sane people as an unusual form of punishment. If there is anything more platitudinous, more vapid, more vacuous, it is hard to find it, except it be the usual Sunday sermon of the average clergyman. Very rarely can one find a piece of solid or useful advice in any of our Commencement efforts. Nauseating eulogy of the high character of the faculty and of the wonderful intelligence and untiring efforts and unparalleled accomplishments of the graduating body of students, is the sum and substance of all such addresses.

A very pleasing and very radical exception is formed by the address which Dr. S. J. Meltzer delivered to the graduating class of the St. Louis University Medical School, and which is published in the J. A. M. A. for August 24th. The title of that address is "The Training of the Desirable Practitioner and His Mission", and it is full of solid common-sense advice, advice that any graduate can follow and utilize. And the style of it is most delightful. To attempt to abstract it or condense it would be to spoil it. It is not long and should be read in toto. If you have not the J. A. M. A., write to Dr. Meltzer (The Rockefeller Institute, New York) for a reprint.

AS TO VACATIONS AND RECREATIONS.

Just forget your "dignity" and be human once in a while. . .
"—It may be said, indeed, that he who does not make a fool of himself sometimes is a fool all the time. Similarly may it be urged that nothing can take the place of natural recreation. "Back to nature" should be the sign and token of the holiday. *Artificial exercise is on all fours with artificial diet.* Gymnasiums have their merits and their values, but they do not inspire and they do not suggest; they can never take the place of savagery and the wild. If one would recreate himself, make himself over, he must do it from the human side. He may be an archangel in embryo, but he is, nevertheless, a man in fact. And in any event, one's aim should not be to transform himself into

a god, but to develop his manhood; not to ape the divine, but to perfect the human. After all, how grand it really is just to be like other men—simply to be human! Flesh and blood are a precious possession.”

So says Dr. Konkle in the *Pennsylvania Medical Journal*. And it is pretty good. It shows that other doctors besides the editor are acquiring some common sense. The saddest thing is to see a physician who has accumulated a good capital, who can afford to take things easy, who has made up his mind to enjoy himself, but who finds he has lost the capacity to enjoy himself. To enjoy life is also a habit. There is such a thing as losing the power to take pleasure in anything.

LABORATORY AND THE BEDSIDE.

I cannot help calling the attention of our pharmacologists, laboratory workers and ultra-scientific physicians in general to a paragraph in Dr. S. J. Meltzer's address before the graduating class of the St. Louis University. (*J. A. M. A.* Aug. 24.) The paragraph is particularly remarkable because coming from a man who cannot be accused of being “merely” a clinician, who cannot be suspected of a desire to belittle laboratory research. As Department Head at the Rockefeller Institute for Medical Research, he knows the value of scientific laboratory investigation as well as any man living, and his words are therefore well worth pondering over. The paragraph is so good that I prefer to reproduce it in its entirety.

Here it is:—

“As to my friends, the pharmacologists, I risk to say that it would have been better for therapeutics as well as for themselves, if they would have had in addition to their scientific training an actual training in medicine, at the bedside of patients, and not of patients in hospitals, where there are practically no responsibilities to any one in particular, but at the bedside of a private patient, whose mother and wife, with eyes red from sleeplessness and crying stares at you, watches every movement of yours and begs you for help. You will then cease to be a hypercritical philosopher. It is well enough for pure science to restrict your interests to such statements only, the validity of which has been definitely proved, according to your notion of proof. In medicine there is human life and happiness at stake, and you ought to recognize the undeniable fact that some claims may be true, even if you with your methods have not yet been able to prove them. The history of the use of iron in the treatment of chlorosis ought to be a lesson. While every physician could tell you from his own knowledge that, say, Blaud's pills act in these cases like a charm, great laboratory men like Bunge and Schmiedeberg denied persistently that inorganic iron can be absorbed and thus capable of supplying the iron deficiency of the anemic patient. The struggle lasted nearly a quarter of a century. The trouble with the men, trained exclusively in laboratories, is twofold.

First, they do not seem to see that a medical fact, observed critically by a capable physician, deserves as much credence and consideration as a fact developed by laboratory methods, and, second, that the laboratory man offers here positive opinions in a field in which he has had no experience." [Italics ours.]

REFLECTIONS AND COMMENTS ON THE CONGRESS OF HYGIENE AND DEMOGRAPHY.

This congress, in the advertising of which such a liberal amount of printers' ink has been expended, is now a matter of history. I believe in vacations (the longer and the more frequent the better), and from this point of view, congresses, State, National and International, are useful, because they help to take people away from their humdrum life and afford them a little rest, recreation and jollification.

But whether anything really valuable is accomplished by these congresses, whether science, education and progress in general is really advanced by them is a question which will bear discussion. But no matter, they are good things anyway. Some of the papers read at the congress were very good, some were extremely bad, but most of them were neither the one nor the other, just mediocre (But this may be said of the papers read at any congress).

I tried to listen to some of the papers, but gave up the attempt. I have long ago given up attending congresses and meetings for the purpose of listening to papers. It is a sheer waste of time. Sometimes it is more: to listen to a man mumbling a paper to himself or reading it in a monotonous soporific manner is sometimes as bad as the torture of the inquisition; and under no circumstances can you get out from a paper by hearing it read as much as by reading it carefully in the privacy of your study. Yes, I believe decidedly that progress is accomplished in the privacy of the laboratory, of the study and of the editorial room, rather than on the boards of the platform.

Naturally I was most interested in the papers dealing with sexual and venereal problems, but I knew beforehand that not a single new idea, not a single suggestion worth while would be given utterance to at the congress, and I was not disappointed. But I have no right to be hypercritical, for the darkness which like an impenetrable shroud surrounds, say about ninety per cent of our population, male and female, is so thick that any discussion of the subject of sex, even if discussed conservatively and mediævally, is to be welcomed. We must not forget that what seems old or even reactionary to us is extremely modern and even shocking to millions of our good but benighted people. We must also bear in mind that this is the first time that we had any section on Sex Hygiene at all. This congress was to be held without any papers or exhibit on Sex Hygiene, and

Dr. Prince A. Morrow is to be congratulated most warmly for his untiring and self sacrificing efforts in establishing such a section.

And I want to take the opportunity to state right here, that while I differ from Dr. Morrow very decidedly on some points (e. g. the control of prostitution, the sexual necessity, the morality or immorality of so-called illicit relations), I yield to nobody in the appreciation of the immense amount of work he has done in bringing home to the American people the necessity of discussing sexual questions. Perhaps his method was the right method. Perhaps a more radical man would not have accomplished even a fraction of what he has achieved, for we must always take into consideration the material with which we have to deal.

The U. S. is not Germany or France or Italy, and what can be done or said there cannot very well be done or said here. Of course other people will now go ahead and beyond Dr. Morrow, but we must acknowledge, and I for one do it cheerfully, that in this country he was among the pioneers.

THE EXHIBITION.

To him who has seen Niagara the Rhine Falls, pretty as they are, will seem absurd, and he who has seen the Alps in all their glory will find the Catskills ridiculous, and he who has seen the Great International exhibitions, like the one in Paris in 1900 or even the one in Brussels in 1910, will have difficulty in refraining from a smile and a yawn when visiting some country fair.

I visited the International Hygiene Exhibition in Dresden last year and therefore have no right to criticise the less ambitious effort in Washington. But try as we may we cannot refrain from comparisons. I could not help feeling how ridiculously puny this Exhibition was. It could have been tucked away in one corner of the Dresden Exhibition without being noticed.

Particularly inadequate was the so-called exhibit on Sex Hygiene. Outside of a number of charts which were very difficult to read and which would answer their purpose much better, if they were printed in booklet form and freely distributed, there were about half a dozen rather poor moulages of cutaneous and mucous syphilis and a few syphilitic bones. There were no genital lesions exhibited. The genital organs do not exist in the Anglo-Saxon countries.

Yes, this exhibit was certainly inadequate, to use a mild term. We see better exhibitions than that in the cheap, fake so-called anatomical museums. But again I say, and I say it sincerely, that we ought to be thankful even for that. Ten or five years ago even such an exhibition might have been impossible. Progress is slow and while we cannot help being impatient sometimes at the slow rate at which we are progressing, we must be glad that we are progressing at all. And the Fifteenth

International Congress on Hygiene and Demography certainly did mark a step forward.

THE MOST INTERESTING EXHIBIT.

There was a little bit of a specimen tucked away in a little glass jar, and this little insignificant tadpole was the most interesting and most significant exhibit in the whole building. True it did not have anything to do with hygiene or demography, nevertheless it was more important than all the rest of the exhibition combined. Here there was something really epoch-making, something that will help to change the world's thoughts, something that will aid markedly in destroying superstition and blind faith. I refer to the "fatherless frog" produced by the great and good Jacques Loeb at the Rockefeller Institute, produced from a non-fertilized egg, by purely mechanical means, without any intervention of a male frog. Our theologians, should prohibit further experiments in this direction. What becomes of the power of the deity, what becomes of the vitalistic theory, if eggs can be developed into living animals by purely mechanical and chemical means, contrary to the orthodox method given us by God? Between Loeb and Schäfer and Ostwald and other infidel scientists who have no respect even for the deepest of nature's mysteries, our old conceptions are having a hard time of it indeed.

THE SOCIAL FEATURES.

The social part of the Congress I wish to condemn unequivocally. I have never yet attended a congress at which so little was done for the entertainment of its members. The foreign visitors were disgusted. Thursday night, for instance, (Sept. 26th) there was announced a "reception given by the citizens of the District of Columbia to the members and ladies of the Congress." All the "reception" consisted in was some loud music furnished by a military band. There wasn't a sign of any refreshments, there wasn't a glass of lemonade or a glass of water to be obtained. There were not even enough chairs to sit down. They did not have the sense to hire a few dozen camp chairs. And I heard several German visitors give expression to their disgust in no masked terms. They complained "Wir haben Durst," and there wasn't a thing to quench their thirst with. And here again Mrs. R. and myself could not help recalling to mind the reception for instance that was given the members of the Congress for the Prevention of Infant Mortality by the City of Dresden last year. Every thing was delicious and there was an abundance of everything. And the social spirit that prevailed was in marked contrast to the chilliness and gloom that prevailed at the National Museum "reception" given by the citizens of the District of Columbia to the members and delegates of the Fifteenth International Congress of Hygiene and Demography.

But this issue of the CRITIC AND GUIDE is all made up, the presses are waiting and I must cut it short.



For the CRITIC AND GUIDE.

The First International Eugenics Congress.

BY WILLIAM L. HOLT, M.D.

The first International Eugenics Congress was held at the Imperial Institute, London, from July 24th to 30th under the auspices of the English "Eugenics Education Society". Thru the kind invitation of a German friend I was so fortunate as to attend the Congress, which was the most interesting scientific meeting it has been my privilege to witness. Everything was admirably organized; programs with a list of members and other important information were provided in English, French, German and Italian; also at the opening of the Congress each member received a printed copy of all the addresses in the language in which they were written, and also abstracts in English of all the papers which were read in a foreign language. I found the abstracts of the French and Italian papers, which were numerous, of great help in following the speakers. The only criticism one could make of the entire arrangements was that the acoustics of the large hall were so bad that one could not understand most of the speakers, unless one sat near the front; but, as there were only about 530 members and many of them absent, most of us *could* sit near the front and understand—the English speakers at least!

The first evening before the Congress opened we attended a reception given by the Entertainment Committee at the magnificent Hotel Cecil. No one received or introduced my friend and me, however—perhaps we came too late—and we wandered about truly strangers in a strange land until my German friend managed to get a French usher to introduce him to Herr General von Bardeleben, a most genial old warrior with a big cross on his shirt-front, who soon made us feel at home. It is worth remarking that *no liquor was served with the refreshments* here or at the reception next evening given by the Duchess of Marlborough.

The Congress opened formally next morning with a splendid presidential address by Major Leonard Darwin, D. Sc. He expressed the aims and spirit of the Congress and of the leading eugenists in all nations so well in this address that I cannot do better than to quote the following extract.

"We must not blind ourselves to the danger of interfering with Nature's ways, and we must proclaim aloud that to give ourselves the satisfaction of succoring our neighbors in distress without at the same time considering the effects likely to be pro-

duced by our charity on future generations is, to say the least, but weakness and folly... The filling up of the blanks in our knowledge of the laws of life ought undoubtedly always to stand in the forefront of our program... No doubt also our ignorance imperatively commands us to be cautious in our advance. But stagnation is to be feared as well as error; and when we see good reason to believe that some step could now be taken tending to benefit future generations, both as regards their minds and their bodies, our fears must not be allowed to stand too much in the way of our actions"...

"Pride in our past achievements must not make us turn a deaf ear to the warnings which come from a study of the laws of heredity. Indeed many circumstances brought to light in recent investigations ought to force us to consider whether the progress of western civilization is not now at a standstill, and, indeed, whether we are not in danger of an actual retrograde movement.

"Tho for the moment the most crying need as regards heredity is for more knowledge, yet we must look forward to a time when the difficulties to be encountered will be moral rather than intellectual. But the end we have in view, an improvement in the racial qualities of future generations, is noble enough to give us courage for the fight. Our first effort must be to establish such a moral code as will ensure that the welfare of the unborn shall be held in view in connection with all questions concerning both the marriage of the individual and the organization of the state... The first nation which takes this great work thoroly in hand will surely not only win in all matters of international competition, but will be given a place of honor in the history of the world... May we not hope that the twentieth century will be known in future as the century when the Eugenic ideal was accepted as part of the creed of civilization?"

Space does not permit me even to give the titles of the papers, which numbered fully thirty. I will only mention a few of those which interested me most. Certainly one of the most important was the paper read by Prof. Dr. Alfred Ploetz, president of the German International Society for Race Hygiene, on "The Bearing of Neo-Malthusianism upon Eugenics". Unfortunately he read it in German, which few of the audience understood, and it was not printed for some reason in the Report of Proceedings. After admitting the good effects of prevention in reducing infant mortality, especially by lengthening the interval between births and improving the material condition of the fewer children born, he pointed out the following bad results from modern widespread, unregulated, and often misdirected Neo-malthusianism. Since it is practised more by parents of intelligence, foresight, self-control, ambition, and general ability than by the ignorant, the imprudent, the weak-willed and the incapable and feeble-minded, Neo-malthusianism inevitably acts as a contra-selective factor, preventing the propagation

of the superior and fit and favoring the propagation of the inferior and unfit. Hence it results necessarily, so long as it is practised more by the superior classes in any nation, in a lowering of the quality of the population, at least in mind and character. As between different nations, in which it is practised to varying extents, it is also practised most by the most intelligent, provident, and civilized, such as the United States, England, France, and New Zealand; but it threatens their survival and favors the growth and victory of the less civilized nations such as Russia, China and Japan. And finally Dr. Ploetz warned the members of the Congress that the modern increasing Malthusian practice among all nations of the Caucasian race, if it continued unchecked and the Mongolian race remained unaffected by it, being effectively protected by their ancestor worship and great desire for many children, would endanger the supremacy if not the very existence of the Caucasian race and Caucasian civilization. It was high time that we combat the modern two-child system and encourage the rising generation to regard the bearing and rearing of a fair-sized family as the highest happiness for the mother and a sacred duty, the highest act of patriotism owed by all fit parents to their country. It is the chief way in which we can pay back the inestimable debt which we all owe to our own ancestors and our other predecessors.

In the spirited discussion following and led by Dr. Drysdale he declared that Neo-malthusians had always been much concerned with the quality of the children born, and had advocated the prevention of children especially by the poor and inferior; but they had never been allowed to teach them how to do it. "The reason Neo-malthusianism was injurious eugenically was because the upper classes insisted on keeping it to themselves." I leave the reader to decide whether methods of prevention are generally unknown in the American working class; they certainly are not in France and Germany. The majority of the Congress were evidently in sympathy with Dr. Ploetz.

Frederick Hoffman, the statistician, made an eloquent plea for the upper and middle-class Americans to have more children.

The same afternoon Mr. Bleecker van Wagenen, chairman of a long-named committee of the American Breeders' Association, made a very interesting report on "The Best Practical Means of Cutting off the Defective Germ Plasm in the Human Population". Laws have now been passed in eight States, authorizing the sterilization of certain mental or moral defectives. He considers so much legislation as hasty and regrettable, since public opinion hardly supports it as yet, and the constitutionality has not been tested. He supported Dr. Sharp's claims as to the effects of vasectomy, viz.: it sterilizes surely but does not impair potency; it does not injure the general health but in many cases improves it. The only States in which sterilizations of defectives have been performed by legal authority are California and Indiana. In the latter 125 men were vasectomized in

1907 and 1908 in the State Reformatory; while in the California institutions 220 men and women have been operated on since November 1910. The report of Dr. Hatch, the General Superintendent of the California Hospitals for the Insane is very interesting and should be obtained by anyone, who wishes to know the facts about sterilization in California. Dr. Hatch says he has found no ill effects, that as a general rule all are benefited to some extent by the operation, and that no interference has been noted in the marital relations. He concludes that "Properly applied, I believe sterilization will be of great benefit to humanity, if generally adopted."

Prof. Achille Loria of Turin in a dogmatic, unconvincing address denied the existence of any relation between economic status and physical or mental fitness or unfitness; he gave no evidence of scientific value for such astonishing assertions. Prof. Niceforo of Naples on the contrary in a paper read in his absence by Prof. Michels gave convincing evidence for the inferiority in physical and mental characters of the lower social classes in Italy.

For the CRITIC AND GUIDE.

On Shipboard.

BY VICTOR ROBINSON.

Farewell, Monsieur Traveler, look you lisp and wear strange suits, disable all the benefits of your country, be out of love with your nativity, and almost chide God for making you that countenance you are, or I will scarce think you have swam in a gondola.

SHAKESPEARE: *As You Like It*.

Good-by! Good-by! Good-by!

Handclasps, kisses and embraces. Promises to write, and counter-promises to answer—both easily made and easily broken. Smiling, laughing, joking,—but the hour of departure draws near. Imitation of weeping, but some cry in earnest. Mock farewells between those who are going to sail, jibes about being sea-sick, pleasant raillery all around—and yet over all a sense of solemnity.

Sailors, stewards, porters, baggage-men and officers, hurry here and there; busy, but of course indifferent and unsentimental. The buzz of many voices—confusion and excitement. The passengers seek their state-rooms, and wonder if they will find them comfortable. They examine the berths and discuss who will sleep in the lower and who in the upper. "Oh," explains someone, "you'll have to sleep on the bottom; you're too fat to climb on top."—and everybody laughs as if it were a witticism by Talleyrand.

A clanging of signals, and the visitors walk down the gang-plank. They rush to the pier, while the travelers crowd upon the deck. Friends search for each other—and a joyful shout announces a discovery. In spite of the distance they

still attempt to talk to one another. Faces grow thoughtful and sad; with strange yearning, eyes look into eyes; lips are bit to keep back the tears—the ocean will soon swell between them. Now the human heart itself becomes an emotional ocean in which the waves of affection rise and roll on the shores of tenderness. A flower is flung across the rail—a last remembrance.

More signals, the band begins to play, the ship heaves in the harbor, a motion is felt beneath our feet—we're starting.

Then comes a frantic waving—flags, hats, bouquets, handkerchiefs—we're going. We're off for a Holiday in Europe. Good-by! Good-by! Good-by!

It may be supposed that when I settled myself in my comfortable steamer-chair, I felt happy at being a modern Marco Polo, about to set forth upon adventures and explorations in such hitherto unvisited regions as Paris, London and Rome.

But my first thought was one of relief at escaping the fearful heat of the city. For this heat was working havoc with New York. Everyday the papers reported cases of people who had been crazed by the temperature, or had dropped dead in the streets.

Everyone knew it was hot, no one denied it, and yet the heat was the only topic of conversation.

Everyone was puffing, blowing, growling, grumbling, sighing, snorting, scratching—and insisting that it was hot. What keen Darwinian observers we have all become! The women were especially to be pitied, because the heat spoilt their looks. All day they fanned themselves with religious devotion, but rills of perspiration oozed out of their necks. They were an earnest but unsightly crew. Even girls who looked pretty in the spring-time were now sadly disfigured by pimples, red blotches and prickly heat. A woman bathed in tears may be irresistible, but a woman bathed in sweat receives no proposals.

And now, when the ocean breezes blew over the deck till it was necessary to cover myself with the steamer-rug, I followed an ancient custom of our ancestors, and stamped my foot in satisfaction.

And its echo resounded below, where in the terrible temperature of 100 degrees, naked stokers piled huge shovels of coal in red-hot furnaces.

Such are the visions that now intrude on our pleasurable moments, for the agents of real estate in heaven are passing from the realms of humanity, and in their stead are arriving the children of Karl Marx, with the unselfish mandate on their unfurled banners, "While thy brother suffers thou must not be happy."

Opposite me, at the dining-table, sat a dainty and charming creature, named Geraldine. Thrice a day she changed her

dress and her complexion. She knew more about powders in her drowsiest sleep than I could expect to learn in a wakeful year, and I have studied chemistry, and sweet Geraldine hasn't. Her waist was so slender that it must have made lamp-chimneys crack in shame. Numerous curls dangled from her forehead, but they were not indigenous; they were transplanted—like banana-trees in a hot-house. Her high heels possessed elements of Alpine grandeur, and almost inspired my pen to write "A Sonnet to the Mountains."

In Geraldine I for the first time witnessed the phenomenon of a civilized human being partaking of ice-cream and pickles synchronously. "Ah," thought I, "the wonders of the voyage are beginning early."

Geraldine was not devoid of reflective faculties. On one occasion she gave utterance to an acute and original zoological observation. "I should think," she remarked with a toss of her expensive curls, "that a whale must be an awful burden to himself."

Geraldine was eager to acquire knowledge. "Is it true," she asked the third officer, "that when Germans are engaged, they wear the ring on the left hand?"

Geraldine's nature proved to be artistic: one night she sang, "Shine, little Glow-worm."

Geraldine is a type: Pisareff has lashed her in his essays on the Muslin-Girl, whose conception of the universe goes no farther than her muslin dress.

When Geraldine arrives in Europe she will doze as the scenery comes in view, she will yawn—with her little hand over her rosy mouth—among the relics of antiquity, she will suffer from ennui as history unfolds its pages.

Geraldine will see Europe only as it is reflected in the tempting shop-windows. She will spend a whole day at Berretti's Silk Store, but will not walk to the Janiculum.

Intellectual men and women who are able to appreciate the natural, historical and artistic treasures of Europe, must spend their summers on the east sides of our prosaic cities, while an empty-headed Geraldine goes a-hunting for trinkets abroad. How nicely things are arranged! If too many indifferent eyes gaze listlessly at the paintings of Corot and the statues of Canova, it is because too many Geraldines have over-rich fathers.

Strangely enough, on the same boat with this artificial thing, was a young female barbarian, as lawless as a sea-storm in the Euxine, as unbridled as the wild mares that roam the South American pampas. She was a refreshing relief in the desert of bourgeois barrenness.

She was a Russian, which means that she was anxious to study something. Anything, so long as it was study—either botany, or taxidermy, or languages, or jurisprudence, or geometry, or history, or climatology, or wireless telegraphy, or icono-

graphy, or sculpture, or the statistics of the cattle industry in the western states.

She was about to take up medicine, when she made the discovery that nature had generously given her a voice that could make wondrous melody. So she was now going to Naples to study music. So much of the passionate Frances for the present. When she becomes a prima donna I will write of her again.

The menus were good, but I will not describe them at length, as most of the dishes had fantastic names which only a Macaulayan would presume to recollect the following day. I now recall only one: Calf's Brain a la Cardinal Rompolla. Of course the reader perceives I am about to say I remember this dish on account of the subtle connection which exists between a calf and a cardinal. A pun is the last infirmity of noble mind.

When I ate my first meal I hardly expected it to undergo the usual course of digestion as outlined in Howell's Text-Book of Physiology, Third Edition. But the trip was a tame one: I did not fill the ocean with vomit, and the ocean did not fill me with wonder. I did not grow religious and feel like casting my bread upon the waters. Neptune touched neither my heart nor my stomach. No white-caps danced in glee, no breakers roared sullenly. Not once did the Atlantic present a Byronic appearance. The stormiest scene I witnessed was between two females, each of whom was endeavoring to convince the other that she had no moral right to monopolise the attentions of the polite Italian physician, who dressed in white linen and saluted like a seaman.

Every evening I waited for sunsets, but not once was the heaven glorified with color. I did not see the sunrise either, but for another reason. Astronomers claim it is usually difficult to see the sunrise, when you are covered up in your berth, with your face to the wall, soundly asleep. There was something in the salt sea-air that made us all inexpressibly languid. I became as lazy as Henry David Thoreau. I could not read, nor think, nor even write. But I could sleep from morning to night, and then turn around and begin all over again—without apparent effort. It was an idle and ignoble life, devoid of worthy deeds or exalted thought. Most of the passengers claimed to enjoy the trip hugely, but for me it was nearly all boredom, yawning and rubbing the eyes. Nothing that I was anxious to see was there: no phosphorescence lit up the night, no giant fish leaped from the waters, no strange birds flew on the deck. It was a journey empty of incident, and the mighty ocean behaved like a little lake on an English lord's ancestral estate. Yet there was one quality for which the Atlantic deserved credit even this time: it certainly was immense. It seemed as interminable as the faults in Alfred Austin's poetry.

All sorts of pranks are welcomed on board. One starless

evening a young scamp temporarily appropriated Geraldine's curls, put them on his own head, and pranced up and down the deck, looking like Jan Kubelik composing.

The chief and only considerable occupation on a transatlantic steamer is flirtation, a delicate art in which my skill is somewhat below par, and in which I could make little progress, even tho George Sand were my teacher by day, and Madame Pompadour instructed me by night. Being deprived by natural inability from taking any share in this eternal game, I sought other avenues of amusement, but with scant success.

There was a cozy room for the males who sacrifice to Nicotine and worship at the altar of alcohol; but I smoke not, neither do I drink. I am Carrie Nation's pet.

Half an hour of my marine life was spent in the diligent pursuit of nautical information, and tho I cannot yet use my watch as a compass, or calculate the Age of the Tide, and entertain no vivid recollection of the difference between a bilge and a keel, and do not comprehend why the raised deck of the stern should be disgraced by the name of poop, and refuse to admit that a screw and a propeller are identical, I can say fo'castle, and shout fore-and-aft, and I know how many feet there are in a fathom.

I played a few games of checkers with an old gentleman. He had not seen a checker-board for twenty-five years: I was successful.

There was a shuffleboard tournament in which I took part. My partner was a school-teacher who lived in Brooklyn, but smiled like its suburbs. We won the first match, and immediately I had visions of presenting her the trophy, like Sir Launcelot gave the nine diamonds to Queen Guinevere. But trophy me no trophies—it was not to be. A Presbyterian minister was on the ship; he won the shuffleboard tournament. Let his victory not be construed as another proof of the truth of the Five Points of Calvinism.

We had a dance one night. The deck was covered with emblems of all nations, and the ladies were arrayed in dresses of all colors. Some of the gentlemen imitated the waiters, and put on full-dress suits. Japanese lanterns swung back and forth, and the lighted butts of cigarettes added to the festive glow.

Yet the merriment was not unalloyed. A sense of impending tragedy hovered over the assembled guests—as the *Fireside Gem* would say. For on this ship there were several times as many women as men, and the members of the insignificant minority would have had to have been polygamous indeed to satisfy all the willing dancers of the overwhelming majority. Men were needed and men were lacking; ergo, women who wanted to waltz were worried.

Such was the dire distress of one lively lady that she actually

fished up a male from the steerage. It was a rash act, for tho the strong fellow looked like the Rock of Gibraltar, he was not quite as impregnable, and from that time on till the end of the voyage,—tho he well knew steerage passengers were not permitted there—he would steal on deck and wait for his Winifred.

I may say that dancing was an accomplishment which I had acquired in my earlier days, and had later discarded as unbecoming the rest of my character. But on this occasion any man who could jig his feet in tune with the music was at a premium. For a moment the thought flashed thru my brain that this night I should make an exception, and dance—with the wild waves of the Atlantic under my pumps, and the faraway heaven over my streaming hair. Dance, and be another Pritchard, a second Brididi. After the revel was over I could retire to my volume of Darwin—as Cincinnatus went back to the plow. But no action followed the thought. I approached no siren of the ship: neither that tempestuous songstress, nor that delicious school-teacher, nor that shy maid from Colorado, nor the dauntless Winifred, nor the two beautiful nuns who were going to a leper colony, nor the adipic lady who seduced the Italian doctor, nor the charming woman suffragette who invariably wore a blue sailor-cap, nor Mademoiselle of the Curls. Perhaps I might have saved more than one belle of the boat from being a wall-flower, if I had extended a helping hand,—I mean foot. Do not blame me overmuch. I am not a sport, and if I ever die with a bottle in my hand, it will be an inkwell.

The night before landing there was the usual Captain's Dinner. While eating the last course the lights went out and the stewards disappeared. No one objected to waiting in the dark—novelties are acceptable. Suddenly the doors were flung open, and the stewards returned, each carrying in his hand a macaroon-house in which a candle was burning. They marched thru the dim aisles, amidst rounds of applause. The ice-cream that night was made up in all sorts of fancy forms. Geraldine picked up a little Chinaman in her spoon, but he looked so cute that she would not eat him until time melted his charms. There were mottoes and paper caps and ribbons and banners. Geraldine wanted to know what the green, white and red stood for. I was happy to volunteer the information that it was the tricolored flag of Italy. I felt like telling her something about Garibaldi and Mazzini, and the noble struggle for Italian unity, but as she playfully put a purple cap on her curls, and petted her creamy Oriental with a spoon, I decided this might not be an appropriate occasion for a course of historical lectures.

Of course, the Captain was praised and flattered; was called a jolly tar and a good old salt; was hailed as a hero of the watery main; cheers and hurrahs were handed out to him.

The fat little Captain stood up to respond—with a Dinkle-spiel accent. He then remembered that he had permitted a lady

to place one of those colored toy caps on his ample bald head. He hunted around for it, and took it off. His simple face beamed, his eyes shone with a kindly light.

He told us he was astonished to hear us speak so much about the gallant Captain. Did you ever see the Captain do anything, he asked. Is he ever shoveling coal? Does he go down in the kitchen and bake the dough? Does he go in your rooms and clean up? The Captain has nothing to do. He gets up in the morning because he cannot sleep any longer; he walks around; he goes to the deck; he has nothing to do there—the officers are in charge. Wherever he goes, someone is doing the work; there is nothing left for the Captain. Well, there is something—he talks to the girls, and then everything goes on well. The crew works much and late, the Captain does nothing, and yet all the passengers cry, O the gallant Captain.

In this satirical vein he spoke to us; then he called us his children, and shouted: Three cheers for the passengers.

It is the last night on shipboard. Again will come a parting—but not like that one on Hoboken pier. For there we separated from the friends of a lifetime; and now we wave a lighter farewell to the chance acquaintances of the past dozen days. Adieu, Miss Geraldine, and don't forget your curls. It is the last night that I will hear the waters beat against the vessel's prow—and I am glad. I have listened to enough small talk, I have heard sufficient meaningless laughter. I wait for the morrow, I wish for the journey's end, I am impatient for Europe to unroll her glories and unfold her wonders to my eager eyes.

The Influence of the Sex Instinct on Human Life.

BY DR. L. G., EDITED BY DR. W. J. R.

PART II.

Religious or Artificial Marriage Systems.

INTRODUCTION.

Some years ago I began to study the normal sex instinct. At first my patients used to mislead me: some would brag about their sexual exploits, making themselves sexually more powerful than they were; others would conceal the truth.

One man told me that he had relations with his wife once in three or four weeks, and even then only to satisfy his wife. His wife questioned on the subject, told me that he never missed one night, and that if she was tired, she had to lock the doors of her bedroom. When I met the gentleman again, and confronted him with his wife's statement, he admitted that the latter was true, and explained that he had felt ashamed to tell me the facts, because he did not want me to know "what a beastly temperament" he had. When I explained to him that there was nothing "beastly" about it, that he was not to blame for a con-

dition for which he was in nowise responsible, that he was born so,—then he told me the whole truth. Cases like this taught me how to approach such patients, and how to verify their statements. One of the most common methods of verifying is to question a patient on the same subject a year or two later, and compare the two statements. Sometimes it is well to do it more than twice. But above all I have found out that if I want the truth about sexual matters, I must explain to my patient that everybody is born with his or her peculiar sex instinct, and that there is nothing in it *per se* to be ashamed of. Once I have convinced him of this, I may expect the truth. I never question a patient, until I have won his confidence.

Guided by my researches, I have learned that a man who is inclined to be a polygamist is so because he is compelled that way by his strong sexual instinct; not only does he practice polygamy, but he thinks what he does is right, and what others do and think is wrong.

A monogamist is a man with moderate sex instinct; he believes in monogamy because he cannot feel and think differently; the cause which would impel him to think differently is absent.

A celibate is a man without sexual instinct; he thinks he is right; and not only thinks so, but makes a laudable act of his behavior, considering himself superior to the "beastly" people who indulge in sexual relations. I will cite a case:—

Mr. M. Ch., aged forty years, height, five feet, five inches, weight, 135 lbs. His parents had had six children. Genitalia in good condition, moderately developed. The first idea of woman occurred to him at about the age of twenty, but he had never had a love affair, had never played with or embraced a woman. At this age he used to masturbate once a month, or even more rarely, and ceased the practice entirely at the age of thirty. Since then (ten years) he had not had even one nocturnal emission.—He would not object to getting married, but was not attracted by any woman; neither by men. He did not care to sleep in the same bed with anyone else. He claimed that the reason he did not care for women was, that being a Catholic, it was against the rules of his religion, and that he considered any man who had illicit relations with women to be sinful, dirty and immoral.

Now note the relation of this man's sexual instinct and his moral ideas. And this I have found to be the rule, that a man's or woman's moral ideas run parallel with his or her sex instinct.

If I am correct in this conclusion, then we should find this parallelism evident in the lives of historic personages, and I determined on a course of reading to ascertain if this is true. I chose the lives of the great moral teachers as especially in point. As the result of this reading, I have found it to be universal that *every great moral teacher propagated a morality which had its foundation in his own sexual instinct*, nothing more; and such teachings are the foundation of all religious marriage systems. This I shall attempt to show in the following pages.

SECTION I.

CONFUCIUS.

Confucius, the Chinese philosopher, lived during the middle of the sixth century, B. C. Of his youth, little is known. He married at nineteen, and his wife gave birth to a son one year later; it is known that he also had one daughter. Soon after the birth of the latter, his mother died, and he mourned for her three years (which implies no sexual intercourse during that period). He then began to travel to different courts, and after spending some time in various places, he concluded that only by travelling could he obtain healthy notions and correct judgments about the national spirit; hence, from then on he never neglected an opportunity to travel to one place or another. Such opportunities presented themselves quite often.

It seems he never took his wife with him on these journeys; and altho he remained absent at times from six months to a year, he was a celibate for the time being. A story is told in illustration of his continence. He had come to Wei. The Duke of Wei was married to a lady notorious for her intrigues and her wickedness. She sought an interview with Confucius, which he was unwillingly obliged to accord.—“No doubt”, says Legge, the translator, “he was innocent of thought or act of evil”; and Confucius is reported to have said; “Wherein I have done improperly, may Heaven reject me”.

At the age of forty-four, or thereabouts, he put away his wife, quite without any known reason or cause. He simply had no use for a wife. And only about twenty-two years later, on his return from a long sojourn in another part of the country, was he told that she had meanwhile died; he then mourned for her for some time.

I have given here only the sexual life of Confucius, since it is that which concerns our inquiry: he married, had only two children, and thereafter cared little or nothing for his wife, or for any other woman. He had absolutely no use for woman.

Here we have a man of weak sexual instinct, who lost his sexual desire early. Now let us see what are his ideas about marriage and the relation of the sexes.

As broad-minded a man as Confucius was—and I think he was one of the most broad-minded and deep-reaching among all the great moral teachers—he was very narrow on the question of marriage. All thru the *Analects*, he speaks only of *men*, almost nothing of *women*; and in the few sentences he does devote to women, he stamps them as slaves. This is what he says: “A man must marry. The proper age for a man is twenty years; for a woman, about fifteen. A man should have one wife; but if he is desirous of having more, he may do so. A man must marry not for the purpose of satisfying his lust, but for two reasons: to furnish heirs to perform the rites of ancestor worship, and to continue the race, so that ancestor worship may

never cease; and second, to furnish an obedient daughter to his old parents."

According to this, the young man to be married is the least to be considered in the marriage transaction. His parents are the main consideration. They must see that they get an obedient daughter-in-law, one who will strictly follow the rules laid down; therefore it is the parents who select a bride to their personal liking, and not with reference to the likes or dislikes of the bridegroom. Neither is the bride questioned; she is looked upon as a piece of useful and decorative furniture, and nothing more.

Confucius lost what little sexual power he had, and so he thought nobody else had any!

In Legge's work on Confucius, on p. 106, we read the following extracts:—

"Woman yields obedience to the instructions of man, and helps to carry out his principles. On this account she can determine nothing for herself, and is subject to the rule of three obediences. When young, she must obey her father and elder brother; when married she must obey her husband: when her husband is dead, she must obey her oldest son. She may not think of marrying a second time. No instructions or orders must issue from the harem. Woman's business is simply the preparation and supplying of wine and food" [which he liked very much, especially the wine]. "Beyond the threshold of her apartments, she should not be known for evil or good. She may not cross the boundaries of her state to accompany a funeral. She may take no step on her own motion, and may come to no conclusion on her own deliberation.... A wife may be divorced for seven reasons. The grounds for divorce are disobedience to her *husband's parents*; not giving birth to a *son*; dissolute conduct; jealousy (of her husband's attention to other women, whether in or out of the harem); talkativeness; and thieving. To this there are three exceptions."

Now what are the consequences of a marriage system like this?—The husband, by special permission, can do as he pleases; he supports prostitution, and divorces his wife as often as he pleases. The wife, tho a slave, has a sex instinct; and I must say the Chinese woman has a very powerful sex-instinct. What does she do? She is seldom true to her faithless husband; and as she is so closely guarded, her lovers are generally men of lower rank, men who are admitted to the harem,—secretaries and coolie laborers.

The punishment for a woman's unfaithfulness is very severe; but neither locks nor fearful punishment can stop a Chinese woman from following her sexual inclinations. When discovered, she will commit suicide rather than undergo the degrading punishment that awaits her. But her sisters follow the same road; nothing stops them.

An artificial marriage system, depending on the sex instinct of its founder, leads to prostitution. In fact, countries in which

the Confucian marriage system exists, are next in their amount of prostitution to countries wherein the Christian marriage system exists. The Christian marriage system leads the world—in prostitution.

I realize that this case has been but imperfectly presented, but further illustration will reinforce the truths here indicated. Materials are not always satisfactory, even to one who is accustomed to observe where others see nothing; but in the main, deficiencies in one case are supplied in others.

SECTION II.

BUDDHA, SAKYA-MUNI, OR GAUTAMA.

Gautama was married and had four wives; yet he had but one son. At the age of twenty-nine, he *discharged his harem* and left his home to seek the Right.

Why did he do it? Why did he discharge his wives? He explains in the following sentence: "Thinking that that would be unsuitable to me, *the infatuation of a youth in his youth departed utterly from me.*"

Now what youthful infatuation departed from him? What is it that utterly left him at twenty-nine years? The answer is given when he says further: "Full of hindrance is his household life, *the haunt of passion*. Free as the air is the homeless state." Thus he considered and went forth.—So we see that he left his home because it was the haunt of passion: he had to satisfy the passion of his wives, and this passion had utterly departed from him. In the same ballad, entitled "The Going Forth", he says again:

"Descendants of the sun by race,
Sakyas they are by birth:
'Tis from this clan I have gone forth
Longing no more for *sensual delights.*"

Now as it may still be in doubt what he meant by it, we read further and find that he inflicted on himself severe penance of fasting and living in isolation; but after six years of such life, when he was worn to a skeleton, and indeed at the point of death, he concluded that this was not the right path, and began again to take nourishment. The stomach was stronger than the brain, and overcame it; but his sexual instinct he did not have to overcome, and he never returned to his wives. Later on, he refers more than once to the same idea, as in the following: "When this knowledge, this insight had arisen *within me*, my heart was set free from the intoxication of *the lusts*;" or again, "Happy is freedom from *lusts*, the getting right away from them." Here he proceeds to do what others had done before him, what many have done after him, i. e., make a virtue of impotence.

At the end of this period of bliss, follows a period of hesitation, in which Gautama doubts whether, after all, it will be of any use "to proclaim to a world sunken in darkness a doc-

trine not only so difficult to grasp, but so *repugnant to the ordinary mind*."

This covers the sexual life of Gautama. He never returned to his wives. He died at the age of eighty.

Gautama was not the founder of a religion. He never thought that a religion would grow up on his philosophic ideas. He was merely the promulgator of a philosophy not entirely new. Therefore we cannot search for religious precepts in his teaching; but we will make mention of some of his philosophic ideas. As I am not concerned with the philosophy of Buddha as a whole, but only with that portion of it which relates to sex, I shall refer only to that part; and I shall show that his philosophy of sexual morality is a direct reproduction of his own sexual life.

Here is one of his statements in full: "There are two extremes which one who has 'gone forth' *ought not to follow*: habitual devotion, on the one hand, *to the passions, to the pleasures of sensual things, a low and pagan way, ignoble, unprofitable, fit only for the worldly minded*; and habitual devotion, on the other hand, to self-mortification, which is *painful, ignoble, unprofitable*. There is a middle path—a path which opens the eyes, and bestows understanding which leads to peace, to insight, to Nirvana."

Here we have just what he personally lived thru; nothing else.

Again, after pointing out that every phase of human life is connected with suffering, with pain, he tells how to get rid of this suffering, in the following extract: "Now this is the noble truth as to the passing away of pain. Verily! it is the passing away so that no *passion* remains, the giving up, the getting rid of, the emancipation from, the harboring no longer of this *craving thirst*."

Cravings he divides as follows: "The lust of the flesh, the lust of life, and the love of the present world." The last two are elsewhere said to be directed against two sets of thinkers called the Eternalists and the Annihilationists.

The three cardinal sins of Buddhism are: *sensuality*, ill-will, and stupidity.

Now let us see what are his ideas of marriage. He thinks that the married state is not for a great man, and not even for an ordinary man. But no man should become an ascetic before he has had a taste of marriage and the other pleasures of life; once tasted to a full measure, he can give it up and try to reach Nirvana.

Is not this a true picture of what he himself lived thru?

(Quotations are from "Early Buddhism" by T. W. Rhys-Davids.)

There are other writers who share the same view in regard to Gautama, as the following extract from the Literary Guide for December 1908, p. 180 will show.

"According to the Indian view, the correct course is for

the householder to fulfil his family duties before taking up the life of an ascetic, and the history of Buddha is conceived in this spirit. Gautama reaches manhood, marries and becomes the father of a son, before he receives the call to fulfill his destiny."

Still there is no compulsion in the Buddhistic philosophy; it is rather a suggestion. We read in the "Dhammicca Sutta" that "a wise man should avoid marriage as if it were a pit of burning coals."

In Buddhist countries, marriage is a simple civil contract; religion has nothing to do with marriage. In regard to prostitution, it is an unimportant factor, as the latitude left to the various Buddhist sects in regard to marriage arrangements gives everyone a free hand. Therefore, there is far less prostitution among them than among Christians or Confucians.

An Interesting Case of an Apparently Successful Psychoanalysis.

H. H. DRYSDALE, M.D., CLEVELAND.*

Thru the genius and industry of Sigmund Freud and his students, there has been placed in our hands a therapeutic resource which not only introduces a new system of psychology but provides the scientific means of detecting the hidden causes of many functional disorders of the nervous system which have hitherto failed of adequate appeasement.

The chief feature of the Freudian principles is its exclusive restriction to the sphere of unconscious impressions—impressions which exist in a realm functionally apart from the conscious life. You will remember that this remarkable doctrine was rather accidentally discovered and how Freud in closely scrutinizing the history of an hysterical young woman, whom he was unable to cure in the ordinary manner, observed that when many hidden facts, relative to painful and disagreeable experiences which she had years before encountered and which had long been forgotten, were revived and brought to the surface of conscious recognition, a peculiar emotional reaction occurred which was followed almost instantly by a subsidence of her torturing doubts and apprehensions, her feelings of dread and inadequacy, as well as the pantomime of somatic complaints which were the outward expression of her hysterical state.

Finally Freud gave to the medical world his findings after years of painstaking investigation. While some of his theories, especially those pertaining to the sexual element, have been bitterly opposed by several eminent neurologists,

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Freud has opened a new world to the psychiatrist and whether we agree with all his theories and deductions or not, he has certainly made himself immortal. No cultured physician can afford to ignore his work.

—W. J. R.

nevertheless his method of mind analysis, psychoanalysis so-called, has been generally acknowledged to be an instrument of great power for good when skillfully applied in selected cases. Furthermore, unbiased observers, the world over, have during recent years repeatedly demonstrated to a degree that precludes all doubt, that experiences long buried and long forgotten do continue to exercise a dynamic force in the life of individuals, influencing their reactions and apparent motives and that these subconscious undercurrents, repressed but active, may require the strength to actually dominate the entire mental patrimony.

Freud however insists that the only repressed memories which are really etiologically active in the production of hysterical symptoms are those that are in some way connected with the sexual life. He considers no hysterical person to be normal sexually and this is the phase of his theory which has aroused the most opposition. The majority of investigators are at present of the opinion that psychic insults which are in no manner connected with the sexual sphere may provoke the same symptoms and I desire to associate myself with this point of view.

Accordingly, hysterical manifestations with their infinite variety of appearance are no longer regarded as purposeless and without meaning, but must be considered as an expression of unconscious trends which have not been adequately reacted upon. To make this more clear, permit me to draw the following analogy. If one of us should be accosted on the street by an enemy and subjected to gross insult, we would at once retaliate either verbally or physically. If this is not done one of two things will happen. A strong minded individual would consider the source of the insult and by reflecting upon his dignity and self-esteem, promptly cast it aside, and the incident would be closed. Thus a normal person is able to cause the disappearance of the memory of a painful episode by means of association. But, if the individual is nervously unstable or abnormally impressionable, he may take the grievance to heart and permit it to invade his psychic organism, where it continues to act subconsciously as a foreign body. That this conception is no mere figment is attested by the fact that each morbid symptom straightway disappears as soon as the memory of the specific cause is fully awakened in a manner appropriate to the required affect.

The advocates of psychoanalysis do not claim that the method is a panacea for psychoneurotic disorders. All are willing to admit that there are many cases which, for various reasons, cannot be analyzed. For my part I only depend upon it as a measure of last resort. It is claimed and justly I think, that the method is one which from the standpoint of results surpasses all other methods of treatment of the psychoneu-

roses and it is hardly fair, either to the profession or to the neurotics, that conclusions as to its therapeutic worth should be drawn from failures that are obviously due to faulty technique.

The case to be reported, Miss R——, is of interest as the causative determinant was traced directly to a mental conflict between the *libidinous characteristics* of the patient on the one hand, and the *repressive ideas of a sexual nature* on the other. It, therefore, fully sustains the Freudian doctrine.

When the patient was first seen, December 1, 1911, the thought of subjecting her to a psychoanalysis was farthest from my mind. The physician who referred her intimated that her nervousness was of long standing and that he feared she was about to lose her reason. An attempt to examine her at this time was entirely impossible. She was pathetically emotional, sobbed aloud, was acutely disturbed, and her conduct was strongly suggestive of the developmental stage of a manic-depressive psychosis. I then decided to remove her from her home environment and arrangements were made for her immediate admission to a hospital. When she arrived she was still in a most agitated frame of mind, but this was relieved by prolonged hot baths. It was also necessary during the night to administer a dose of paraldehyde. From this time on comparative quiet reigned in this young woman's troubled mind and the following particulars were obtained:

She is a single girl, twenty-six years of age, a native of Russia, who accompanied her parents to America when less than two years old. Anthropologically and otherwise she corresponds to her type—Russian Jewess. Temperamentally she is gentle and refined, a cultured and intelligent young woman.

FAMILY HISTORY: Her ancestral record so far as I was able to ascertain, was negative for nervous or mental instability. The family is intact and consists of a father, mother and three adult brothers. All of them are healthy, vigorously constituted and free from neurotic tendencies.

PERSONAL HISTORY: My patient developed normally and as a girl was playful, active and alert. She started to go to school at the age of seven and was studious and ambitious. Her lessons were always agreeable tasks. She enjoyed the best of health and progressed regularly each year.

The menstrual epoch appeared when she was 13 years old and this undoubtedly had a most unfavorable influence upon her psychic functions. She had no inkling what it meant and ran screaming to her mother, who joked about it. Here is a good example of the harm that may result from neglecting to impart proper instruction to developing youth in matters of sex hygiene. At least this patient is firmly convinced that the shock of this totally unexpected incident was the cause of her wretched nervousness as, prior to this event, she was brave and courageous, with an abundance of self-mastery.

Her personality also underwent a gradual change. She lost interest in matters which formerly attracted her; she did not seem to care for the society of young people but preferred to spend her loose moments reading. Recreation or playful pastimes no longer appealed to her. Finally she found herself growing restless and exceedingly self-centered. Clouds of depression would hover about her and she was at a loss to understand what it all meant. Ideas came thick and fast. Her imagination ran riot. People would meet her on the street and remark how well she looked, but at the same time she was tortured by tormenting doubts and harassing fears. She almost lost control of herself; was painfully sensitive, timid and apprehensive.

For a long time she had endeavored in every conceivable manner to gain an upper hand of her strange affliction but nothing she could do would bring relief. She would not, unaccompanied, go out on the street, or enter a street car for fear something terrible might happen. She was easily frightened and dreaded to meet people or converse with them. At the theatre strange feelings would possess her, especially when the auditorium was darkened and she was invariably on the lookout for the red lights which indicated the location of the exits.

She was also subject to emotional variations. Some days she would be quite herself, much to the delight of the family, who had become greatly concerned. At other times she would seek seclusion; cry without apparent cause and be sad and depressed. On one occasion she saw a pregnant woman on the street and she quickly turned and fled; she said it was the worst fright she ever received and to this day the very thought of it makes her shudder.

For many months she made a confidante of no one, and did not even discuss her condition with any of her relatives. She visited the family physician twice, but did not tell him the true facts, for fear he might consider her mentally unbalanced.

She informed me that for over a year she has suffered from recurrent pains in the head and these of late have been almost unbearable. They felt like large elastic bands stretched to the limit and about to snap. She also has been awakened out of a sound sleep by crushing sensations about her chest and she would find herself badly frightened and bathed in profuse perspiration. But worst of all were the swaying motions in the abdomen which were particularly troublesome when she started to walk. Not long ago both lower limbs suddenly were benumbed, but this lasted only a day or so.

While she described the troublesome somatic complaints she burst into tears and remarked that if these could be cured

she knew she would get well. She did not believe she could endure it much longer.

The physical investigation outside of the nervous system was practically negative.

Neurological Examination: Motor symptoms: Coordination good; no pathological swaying; coordination in hands and legs equally good; flexor and extensor strength vigorous. General muscular development excellent. Attitude erect. Station and gait unimpaired.

No paralysis whatever; no paresis, facial musculature equally innervated. No contractures, no tremors and no spasticity.

Deep reflexes: Both knee responses sharp, the right more so than the left. No patellar clonus. Tendo Achillis reflexes both normal. Triceps and wrist negative. No jaw jerk. Pharyngeal and corneal reaction accurate. Epigastric and abdominal reflexes more on the right side. Plantar flexion on both sides on stimulation of soles of feet. No ankle clonus.

Dermographia well marked and persistent over the entire trunk. Pupils equal, regular in outline, moderately dilated and reacted promptly to light and distance. No paralysis of accommodation and no contraction of visual fields. No disturbance of other reflexes noted.

Taste acute; smell normal; hearing intact; temperature sense unimpaired; muscle sense perception well preserved; stereognostic sense accurate. Moderate hypalgesia on back of thigh and left calf; no areas of complete anesthesia, no hyperesthetic zones, no paresthesia and no alloesthesia. Speech was under perfect control and free from impediment or other defect.

During the first ten days in the hospital systematic massage, stimulating saline baths, wholesome diet, healthful suggestions, rest in bed and freedom from annoying irritations were religiously complied with, but no improvement whatever resulted. Each day she suffered a return of her peculiar head pains and swaying of the abdomen. She would scream out at the top of her voice and pitiably appeal for help. These attacks would last for about twenty minutes, after which she would relax and quiet down. On a Sunday evening I visited her and she expressed surprise at the late hour of my call. I jokingly replied that I had been home reading the Bible. This idle statement proved to be a most fortunate stroke, as you will see later on. Hardly had the words been uttered when a distinct flush came over her face, she grew restless and fidgety, covered her head with the bed sheet and began to sob. I told the nurse we had resurrected something, but not until this moment did I plan to study her psychoanalytically. Leaving the room I visited other patients and returned in an hour. She was calm, but intensely discommoded. I was anxious to

know more about her experience with the Bible and she frankly told me that she had been reading it more or less extensively for years and found that it contained many terrible assertions, some of which she could not believe. As to which particular ones she referred to she did not seem to remember, but it was plainly evident that she was dodging the question.

After considerable urging and impressing upon her the fact that it was most essential for her welfare that she tell me what assertions had especially impressed her, she replied that the term "Immaculate Conception" had bothered her most of all and she was extremely anxious to know if such a condition was possible. She appeared to lose her nerve at this moment; her voice quivered; her body trembled and her pains returned with all their furor. Nothing I could say or do would comfort her and I departed promising to call the next day.

Her chart showed that the night was a restless one and she did not fall asleep until dawn. She ate sparingly of her breakfast but her bath and massage had apparently invigorated her as she was cheerful during the day. Late in the afternoon I returned and resumed my search for a subconscious explanation of her nervousness. Taking up my inquiry where I left off, I discussed with her the subject of "Immaculate Conception" and obtained the following facts:

She was fond of reading and had found biblical history fascinating. The Bible appealed to her and she studied it with great care. Many of its teachings she could not understand and she never rested until she looked up their definition in the dictionary or elsewhere. Furthermore, she was at a loss to know why such matters concerned her at all and why they incessantly haunted her. She labored assiduously to dispel them from her mind but had failed. The term "Immaculate Conception," more than any other, seemed particularly to affect her and despite her efforts to secure a proper understanding of it, she was still in darkness as to its true meaning.

One morning the family attended a service at which this phrase was referred to, and again her curiosity and interest were aflame. To make matters worse, she overheard her mother ask her father if there was such a thing as "Immaculate Conception," and she heard him reply, "Of course not. Pregnancy could occur only in the usual way." He offered no other explanation. From this time her restlessness was intense and she was sore afraid. She visited libraries and even sought medical books in order to solve the mystery. About this time she noticed that a peculiar, indefinable sense of fear pervaded her when she heard of a woman having a baby and when she saw a pregnant woman on the street she almost fainted.

I then decided to carefully explain what "Immaculate Conception" actually meant, but it did not seem to satisfy her. In reply to my question as to whether she believed that such a condition was possible she said she did not know but it greatly worried her. Changing my tactics I gently inquired if she ever had an immoral experience and this she positively denied. Nor had she ever practiced onanism. Before I was thru with her, however, I learned that for over a year she had considered herself pregnant and that inasmuch as she had done no wrong the condition must be an "Immaculate Conception." She also admitted in a half-hearted way that she had been preparing for the event.

I then arranged for a pelvic examination. As I palpated her abdomen she started to cry and asked if I did not feel swaying and movement. I promptly informed that I did not. She then added that she knew her abdomen was getting larger and again I disagreed with her as nothing abnormal could be elicited. The bimanual examination was of course negative, in fact her uterus was undersized. As she awaited the verdict she took on all the appearance of a person badly frightened and anxious. When she was assured that the condition suspected did not exist, her joy knew no bounds and she exclaimed "What a burden has been lifted off my mind."

The patient remained in the hospital ten days longer and during that time the abdominal swaying entirely subsided and the head pains lost their acuteness. Inasmuch as she was under better control and sleeping well, I decided to permit the matter to rest for a while, altho I was well aware that the whole story had not been related and that I had not eliminated the original cause of her trouble. She left the hospital very much improved but continued to suffer from the head pains, altho in a much less degree. She was greatly encouraged. I directed that she continue her baths at home, to avoid undue excitements, and try to divert her thoughts into more wholesome channels. She must endeavor to lose herself and take up some congenial occupation. Twice each week she reported at the office and while her annoying abdominal sensations had never returned, she feared that the terrifying head pains were gradually getting worse and she did not want to live if she had to suffer in that way. During the subsequent two weeks I searchingly scrutinized the girl's past history but utterly failed to discover a single clue. I finally accused her of purposely keeping back certain facts which I must know before she could get well. I told her that her cure was largely in her own hands and that if she would tell me all I was sure she would fully recover. She insisted that she was deeply interested in my efforts and was honestly striving to help me. I then explained to her how nervous conditions, such as she

suffered from, frequently had their origin in the repression from conscious memory of disagreeable experiences which often dated back to childhood days, but she was perfectly sure that nothing of the sort had occurred in her case. Word tests were used from time to time but without success, and I was beginning to feel the pangs of defeat.

In a day or so I was called to the phone by this young lady and to my surprise she expressed a wish to see me at once. She entered the office crestfallen and forlorn. She said she had something to tell me but she did not know how she could do it. I secured her confidence by reminding her of the improvement that resulted in regard to the abdominal swaying, and she sobbingly described and lived over with extreme distress, an experience which occurred when she was less than six years old, and which had long passed into oblivion. She had been calling on a friend that afternoon and happened to meet a young fellow who was her neighbor when they were both children. One day in her back yard he had attempted to take liberties with her, the particulars of which need not be related here. After a full discussion of the episode she left the office and from that day to this has enjoyed the very best of health. All her former distress has been removed and she is no longer concerned about herself.

The unravelling of this interesting riddle did not, according to Freud, constitute a complete psychoanalysis. Neither was the study conducted along systematic lines. I was able, nevertheless, to drag to the surface the long repressed ideational complexes which were the underlying causes of her nervousness and I doubt very much if she would ever have recovered if the memory of this long forgotten painful experience had not been resurrected and adequately abreacted.

I therefore believe, as others have noted, that a modified analytical inquiry will suffice in a large number of cases, and that many psychoneurotic conditions are not as deeply embedded or as complicated as Freud and his disciples would have us believe. Insofar as a complete psychoanalysis is concerned, I consider it an impossibility. Even the mind of a child cannot be wholly revealed.

The new insight into human nature and the better understanding of the working of emotional states made possible by Freud's teachings seems to be of inestimable value and susceptible of confirmation to an unusual degree. It is indeed surprising what a useful touchstone has been placed at our disposal wherewith to recognize the actual motives which underlie apparent motives, and underneath the faults and shortcomings, the fears and habits of adult life, to see the working out of the instinctive craving of imagination, pleasure-seeking and pain-shunning infancy holding back the individual from the fulfillment of his higher destiny.

I believe every physician would augment his therapeutic usefulness if he would gain a thoro understanding of abnormal mental traits and in order to do so he will find some of the teachings of Freud extremely helpful.

THE STEERAGE PASSENGERS.

She was as dainty as a piece of Sevres China, Her skin was as delicate and transparent as an alabaster vase. She had just dressed for dinner. She was all in white. Only a red ribbon in her hair and a red rose on her corsage. And the red of the rose was not any deeper than the red of her lips.

And she was leaning against the railing, looking down at the human creatures huddled together down below, like cattle on a cattleship—the steerage passengers. A never-ending amusement for the passengers of the First Cabin.

To see all these men, women and children—for unfortunately the poor have many children—cruelly crowded together, on the often wet, often filthy deck, without a chair to rest their bodies, without even a bench to sit down—one's heart need not be of excessive tenderness to be penetrated with a feeling of intense pity; pity for these lonely human beings, into whose lives never, or rarely ever, enters a ray of joy, a spark of hope. "Isn't it enough to break one's heart to see all those people on the deck, squatting, or stretched at full length on the hard wood, with their fist for a pillow", I remarked. "It seems to me they could make things much more comfortable for them at a very slight cost. It seems as if the Company's object is to humiliate the steerage passengers. They certainly could put up a few benches on the deck." "I guess they don't mind it, replied the dainty damsel. "They don't know any better, and they don't need any better." Thus spake the dainty piece of Sevres China. Not a suspicion of pity or sympathy in her voice. Just as if she really were made of china. I lost all interest in her and we have not exchanged a word since.

And as I walked away I wondered how such a soft and supple body could hold so hard a heart and so callous a conscience.

This is one of the numerous delusions of the rich; that no matter how wretched and uncomfortable the condition in which the poor may happen to be, that they don't mind it, that they are used to it and don't know any better. If you make a remark for instance about the coarse, insipid food which the steerage passengers are served, some kindhearted gentleman or lady (the gentle sex can be very ungente too) will be sure to remark (I have heard the remark so many times): "Oh, they get better food here than they are used to at home". Which may or may not be true, but which does not change the fact that the food served to the steerage passengers is extremely poor—both in quality and in the manner of serving, and is sometimes—vile.

Poor people. Their home life is misery, their ocean trips—agony.

THERAPEUTIC GUIDE

Abstracts on Therapeutic Subjects, Interspersed with Diagnostic
Points and Interesting Medical and
Historical Facts.

Mercury plus Salvarsan.

The proper way to treat syphilis now is not by salvarsan alone, nor by mercury alone. He who wants to do the best for his patients combines mercury and salvarsan in the treatment. I prefer to give salvarsan in small doses frequently repeated, and alternate the salvarsan injection with mercury—either intramuscularly, internally or by inunctions.

Action of Chloroform on the Adrenals.

According to Delbet chloroform has a specially injurious effect on the adrenals, interfering with their function. He therefore advises the administration of epinephrin in chloroform anesthesia.

Strong emotional states may produce not only functional but distinct organic lesions.

The method of general anesthesia by intramuscular injections of ether introduced by some French surgeons has been severely condemned at a recent meeting of the Paris Society of Surgery, and there seems to be no justification for it.

Tuberculosis first affects the parenchyma of the lungs and then the smaller bronchi, while bronchiectasis first affects the bronchi and then the parenchyma.

Atophan.

A most interesting and valuable paper entitled "Atophan Therapy in Gout" was read by Dr. Retzlaff of the Clinic of Prof. Kraus (Charite, Berlin) before the Verein für Innere Medizin und Kinderheilkunde, Berlin (*Deut. Med. Woch.*, Feb. 29, 1912). The author reviews the literature and states, as a result of his own pharmacological and clinical research, that in atophan we possess a drug which exercises so unprecedented an influence upon the nuclein metabolism and the mobilization of uric acid, that it may be regarded as a specific in the treatment of gout. The author lauds the prompt effect of atophan upon the retrogression of the inflammatory and painful symptoms, as well as the rapid improvement in the general condition of the patients. Untoward gastric or renal by-effects were rarely observed, and if they occurred, the writer found, could be readily counteracted by small doses of alkalis. In acute gout Retzlaff recommends

the daily dose of 30 to 45 grains of atophan for a period of four or five days, and as a prophylactic of attacks in chronic gout, the giving, every two weeks, of the same dose for three days.

Ameliorating the Pains of Labor.

An interesting article on the use of Pantopon in controlling the pains of labor by Dr. Wm. H. Morley (from the Grace Whitney Hoff Research Laboratory, Woman's Hospital, Detroit, Mich.) was read before the Detroit Medical Club, February 7th, 1912.

Dr. Morley used a two per cent. solution of Pantopon hypodermically. When dilatation was complete, or rather when the second attack had commenced, 1.0 cc of Pantopon was injected. Twenty minutes to one-half hour afterwards the action was felt and the patient stated that the contractions were more easily borne. The action of the abdominal muscles and the force of the expulsive pains remained undisturbed. The patients bore down with vigor. The third stage showed no change. The patients were all primiparae.

According to Dr. Morley, Pantopon tends to lessen the sensitiveness of the uterine contractions without changing the force and duration of the pains. It is also said to be harmless to the child, within certain dosage limits obviously.

Hexamethylenamine in Orchitis.

Dr. I. H. Prouty reports a case in which hexamethylenamine was used with success and which has also the additional interest of being one of the comparatively rare instances of this complication of tonsillitis. The patient was a 20-year-old typesetter of good habits without specific taint, as far as could be discovered, or evidence of blood poisoning. The swelling of the testicle occurred during an attack of tonsillitis, in which treatment by acetylsalicylic acid was ineffective. In view of the bactericidal properties of hexamethylenamine when decomposed within the body, it occurred to him to give it a trial. It was administered in 15-grain doses every six hours. What appeared at first to be a severe inflammation very rapidly disappeared within a short time. Of course, a single case is not conclusive of anything, but it seems to justify a further trial in similar non-venereal cases.

Bromural.

Dr. Schreiber, of Berlin (*Aerztliche Mitteilungen*, 1912, No. 2) recommends bromural in all cases where an efficient and harmless hypnotic, intended for continued use, is indicated. In mild cases of pulmonary catarrh, bromural is indicated for two reasons: it will relieve the cough and check the perspiration.

Aspirin in the Prophylaxis of Coryza.

Dr. P. Sick has found in his own case that one or two doses of 15 grains of aspirin will prevent the development of a cold

in the head, if taken at the first appearance of symptoms. If taken after the coryza developed, two or three doses will usually cure it.

Recent reports from Metchnikoff's laboratory tend further to confirm the previous announcements as to the influence of intestinal poisons on the development of arteriosclerosis.

Medical Treatment of Gallstones.

According to P. Mayer (*Lancet*, June 1, 1912), sodium sacchylate is the only drug really valuable in the treatment of cholelithiasis. He gives it in doses of 8 grains in combination with 1/8 to 1/4 grain extract of belladonna, dissolved in warm water, two to four times a day. He does not think that its value resides in cholagogue properties, but is due to its influence on the inflammation. The best results are therefore obtained in acute and chronic cholecystitis, rest in bed and hot compresses being necessary adjuvants. The use of oil, in his opinion, improves only the simultaneous colitis and constipation which frequently complicate cholelithiasis.

The Action of Formamint.

According to Frisch (*Jahrb. f. Kinderheilk.* Vol. 75, No. 6) formamint tablets exert a remarkable disinfecting action in all diseases of the mouth, pharynx and larynx. They are perfectly harmless, and are recommended as an unexcelled prophylactic against all affections of the mouth and throat, as well as against general infectious disease. (*Deut. Med. Woch.*, p. 1387, July 16).

Tanargentan is a combination of tannic acid, silver and albumen, containing 6 per cent. of silver and 20 per cent. of tannic acid. Is recommended in diarrhea, particularly tuberculous enteritis, in doses of 8 grs. 3 to 4 times a day before meals.

Atophan in Gonorrheal Rheumatism.

Arnings claims to have observed good results from Atophan even in gonorrheal rheumatism. (*Arch. f. Dermat. u. Syph.*, Vol. 113.)

Treatment of Chancroids.

Dr. R. M. Toll (*N. Y. Med. Jour.*) recommends the following method of treatment as simple and efficient:

Wash the ulcer with a one to 1,000 bichloride solution and dry thoroly with a cotton swab. Apply a drop of four per cent. cocaine solution. After a minute touch up the raw surface with pure phenol and follow in ten seconds with alcohol. That is all. No powders or dressings of any kind are required. Instruct the patient to return in three days. It is astonishing how much improved the ulcer will be. The raw area will be smaller and shallower and surrounded by sloping, healthy skin. Repeat the same

treatment to the raw surface remaining, and continue so every three days until the ulcer is entirely healed. This will occur after five or six treatments, without leaving a sign of any previous infection at that spot.

[This is very well for ordinary chancroids. But there are chancroids in which much more energetic and more prolonged treatment will be found necessary.]

A Too Restricted Diet in Arteriosclerosis Injurious.

We have taught that the first thing to do in arteriosclerosis is to cut down the amount of food, including in the term food beverages as well. That this restriction of food may be abused, may go to extremes and prove injurious, is well pointed out by Fraikin and Cardenal (*Journal de Médecine de Bordeaux*). Too little and too monotonous food may cause lassitude, somnolence or insomnia, loss of flesh, headache, etc. But the poor patients consider these symptoms a part of their disease and cut down their food still further. If they are lucky to consult a physician with common sense, who prescribes for them a richer and more varied diet, all those bad symptoms disappear as if by magic. The restriction to "white" meat is bad; young white meat, lamb and veal generates more toxins and is less easily digested than "red" meat. Nor should the diet be restricted exclusively to milk. Salt is also *not* to be excluded, except when clearly and positively indicated, for it aids the appetite and digestion.

Galactenzyme.

"It is exceedingly rare", writes one doctor, "to find a child who cannot digest cow's milk (not sterilized nor pasteurized, but properly diluted for age) if Galactenzyme (Abbott Alkaloidal Co.) is given.

Add 1 or 2 crushed tablets to each feeding bottle. Or give the tablets, dissolved, in a little water, after each feeding, if preferred, and in case the baby is breast-fed.

These tablets may be used for making "buttermilk", when desirable. But the fat and carbohydrate should be adjusted. To lessen the amount of fat, skim off part of the cream before curdling; to increase the carbohydrate content, add milk sugar.

Chilblain Collodion.

Euresoli.

Eucalyptoli.

Ol. Terebinth ãã 3ss.

Collodii ad. 3v.

Sig.: Apply locally for unbroken chilblains.

In infants and in people "without veins," neosalvarsan may be injected intramuscularly, without fear of infiltration or necrosis. The pain is not very severe.

— BOOK REVIEWS —

Sexual Problems of Today.

Dr. William J. Robinson, president of the American Society of Medical Sociology, and editor of the *American Journal of Urology* and of the *Critic and Guide*, to mention a few only of his professional activities and affiliations, has recently published "Sexual Problems of To-Day" (The Critic and Guide Company, New York). It is a book of plain speaking upon subjects that many would ignore, if possible, but Dr. Robinson thinks the Anglo-Saxon world is particularly in need of instruction upon the topics of which he treats. "The thinking and truly cultured man and woman know," he says, "that there can be nothing improper in discussing problems of the deepest vital importance to the individual and the race; that there is nothing obscene in the scientific treatment of questions which deal with the prevention of disease, misery and death." Even our medical schools, Dr. Robinson thinks, do not properly appreciate the importance of the study of sexual disorders, something very different from a mere working knowledge of venereal diseases. He finds the average physician as ignorant as the average layman on the subject of these disorders.

Without going into the details which are to be found in this book, it may be well to indicate some of the positions assumed by the author on what he considers scientific grounds. He advocates the regulation of offspring and gives the usual physiological and economic reasons for his belief in the wisdom of such a course. Excessive childbirth among the poor he regards as one of the greatest curses that afflict humanity, being a main cause of low wages, poverty, ignorance, idleness, sickness, crime and death. He does not advise people to refrain from marriage, believing that such advice would be useless, for the mass of mankind would not follow it, particularly as the only pleasure the poor man sometimes has is his wife and his little home. For the doctrine of abstinence in the married state he has only contempt, characterizing it as hypocritical, dishonest and pernicious. One of the longest chapters in the book is devoted to the limitation of offspring, and it was originally read before the American Society of Medical Sociology.

Dr. Robinson asserts that venereal disease is sapping the vitality of this nation; that its ravages are terrible and that the public has no conception of the enormity of the damage done to the present and future generations by this monstrous evil. He censures the societies of moral and sanitary prophylaxis for not attacking the problem radically and says they only skim the very surface of it. They refuse to suggest a remedy, "except the old and admittedly inefficient remedy of preaching continence." He

speaks as a physician, as a hygienist, as a sociologist, and not as a moralist. "Not because I am ready to subscribe unqualifiedly to the dictum that morality is merely a matter of geography and chronology, but because morality, equally with religion, has failed signally in dealing with the problem. We must therefore look to medical sociology for a solution." Dr. Robinson believes that prostitution will be in existence as long as our civilization lasts, but expresses a hope that our present system of civilization will not exist forever. Chronologically there is no period in which prostitution did not exist, and geographically there is no spot where it does not thrive. Leaving social and economic conditions as they are, the author sees no prospect of the abolition of "the oldest profession in the world," as Kipling and Shaw call it. Upon this point Dr. Robinson is most emphatic: "You can annoy the prostitute, you can hound her, you can persecute her, you can make her life more miserable than it is, you can scatter her, but you cannot abolish her. You might as well try to abolish the law of gravitation." Granting that the abolition of prostitution is impossible at present, the author demands that all prostitutes be segregated in certain quarters, where they cannot injure the unsophisticated young boy, nor tempt the passerby, as they do when they are scattered through residence districts. He calls for registration and license of these women and their hygienic instruction and inspection, with hospital treatment in special institutions for the infected. The instruction of young men in sexual hygiene is also advocated, a measure which, the author thinks, would in two decades do more toward stamping out venereal disease than all the chastity preaching has done in two thousand years. He calls attention to the fact that every enlightened government, including that of the United States, is now beginning to put into the hands of its soldiers and sailors the means of preventing venereal infection. Prophylactics are furnished by the government. Dr. Robinson denies that fear of infection is an effective deterrent from vice and blames the "good" men and women for opposing the spread of scientific knowledge. He has absolutely no faith in the prevention of immorality by moral suasion and points to the utter failure of idealism to check the ravages of the diseases that are undermining civilization. Prof. Ehrlich's wonderful discovery, commonly known as "606" or Salvarsan, is commended and indorsed. "It is impossible to estimate the number of lives this remedy will help to save," says Dr. Robinson, "the amount of suffering, misery and insanity it will prevent, the number of homes it will save from disruption—in short, it is impossible to compute how much this remedy will contribute to the health and happiness of the human race." He contends that regulation does diminish venereal disease and presents some strong arguments against the theories of the antiregulationists. Venereal disease, he declares, can be abolished or at least reduced to a negligible quantity by regulation, combined with general instruction in the

means of prophylaxis. He maintains that it is criminal on the part of society to refuse to adopt measures which would save thousands and thousands of men from horrible disease, from locomotor ataxia, general paresis and insanity, and thousands of wives from chronic invalidism, while millions of children would thereby escape deformity, premature death, and what is worse, idiocy.

The book covers the whole subject of sex, but is not necessary to follow the author thru all his discussions of a subject that is sometimes too delicate for treatment in these columns. It is not to be doubted that Dr. Robinson's philosophy will shock some readers of his book. His point of view is purely scientific and modern. The pious reader will observe with pain that the author lays no stress on sin and is entirely indifferent to theological doctrines. His desire to cure people has obliterated the wish to punish sinners by allowing them to take the consequences of their depravity. The change that has come over thinkers as a result of half a century's study of anthropology is very manifest in Dr. Robinson's book. Sin was the Christian key to history. The moderns have thrown away the key, and taking humanity as they find it, are striving to make the best of a bad bargain. The absence of any belief that the world can be reformed by religion is a sad characteristic of much of our scientific literature. Where, to the religious man, the symptoms indicate confession and repentance, the scientist advises a visit to the doctor. Mark Twain summarized modern teaching in that frightful epigram, "If you cannot be good, be careful." No man who loves and respects theology can read such a book as Dr. Robinson has written without pain and amazement. A reliance upon prophylaxis must appear to many as a poor substitute for the fear of eternal punishment, but, considering the present decadence of faith, people cannot be prevented from relying upon science, much as it is to be regretted.

HOME HYGIENE AND PREVENTION OF DISEASE. By Norman E. Ditman, M.D. Pp. 333, \$1.50 net. Duffield & Co., New York.

This work is designed to furnish the layman with a fund of general information in regard to the causes and prevention of disease and the treatment of minor ailments and common complaints. Such works are welcome, as they give the public a more intelligent appreciation of the nature and complexity of the work of the physician. They should be especially valuable to persons living in remote districts where the services of a physician cannot very well be sought except in cases of great urgency. While the present work is "safe" in the sense that it does not prescribe remedies that would be really dangerous in the absence of the doctor's supervision, yet perhaps it errs somewhat on the side of self-medication. The author, however, tries to avoid the dangers proverbially attaching to a "little knowledge" by repeated warnings that wherever possible the services of a

physician should be obtained. While the elementary medical education of the laity has its drawbacks, yet it is highly desirable as the only sure way to overcome quackery and eventually to secure the intelligent co-operation of patients.

COMMON DISORDERS AND DISEASES OF CHILDHOOD. By Geo. Frederick Still, M. A., M. D., F. R. C. P., Professor of Diseases of Children, King's College, London. Second Edition. Pn. 813. Henry Frowde, Oxford University Press.

This work embodies the author's conclusions from his extensive clinical experience, and is devoted chiefly to the practical aspects of the subject, particularly diagnosis and treatment; but where pathology or morbid anatomy has a direct bearing upon any practical point he has not failed to consider it in detail. He has also included some diseases by no means common which, when they do occur are apt to be mistaken for more common disorders. This second edition contains much new matter, including new chapters on enlarged tonsils and adenoids, epilepsy, asthma and hydrocephalus.

The Letter Carrier's Whistle.

Rich in promise is the postman's whistle. It is laden with surprise. As it comes up the street, first faint and far, then clearer and more sharp, it raises images of distant dear ones who may be throwing their greeting from over sea or from across a continent. The brief signal often touches the emotions more than an opera or a symphony.—COLLIER'S.

Wise Words.

Let us rejoice that year by year, day by day, our resources are increasing, our knowledge is enlarging. But let us not deceive ourselves with the idea that our knowledge is final; that we can be dogmatic in rejection or acceptance; or that the view of any individual, however learned or however able, can compass the whole vast domain of medical science and art.

—S. SOLIS COHEN.

Few human creatures would consent to be changed into any of the lower animals, for a promise of the fullest allowance of beastly pleasures; no intelligent human being would consent to be a fool, no instructed person would be an ignoramus, no person of feeling and conscience would be selfish and base, even tho they should be persuaded that the fool, the dunce or the rascal is better satisfied with his lot than they with theirs.

—JOHN STUART MILL.

"For certain fanatics, syphilis is not only a just punishment for sin, but an evil which is sometimes useful and sanitary, because it is an evil which God has sent to corrupt 'luxurious flesh!' Syphilis thus becomes a salutary bridle placed by Providence on immorality, a natural guardian for our souls, and a safeguard of moral life, an agent of safety in another world."

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Than never to tell the truth for fear of making a mistake.

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EDITORIALS AND EDITORIALETTES

PERSONAL NOTES FROM EUROPE.

Of course I write this exclusively for my own amusement, for my own benefit. The days seem inordinately long on board ship, and to have time hang heavily on my shoulders has always been intolerable to me. When one is used to be active every minute of the day it is difficult to spend sixteen hours in the steamer chair doing nothing. And to read all day is also impossible. Reading is an altogether abnormal occupation for which our eyes were not intended by nature (ask George M. Gould), and after eight or ten hours' reading your ocular muscles begin to go on strike. Writing is much easier. And so I am going to write in order to pass the time away. I may print what I write and I may not. And if I do print it, you may read it or you may not—just please yourself. As I said I write for my own pleasure.

* * *

The third and last prolonged shrill whistle, the third and last admonition to the people who are not passengers to get ashore, and this time the people know that the warning is meant in earnest, for in another minute the gangplank is to be taken away. There is hurrying and scurrying, a few last embraces and kisses, and tears and sobs, and we are parted from our friends and beloved ones in the new world and begin our journey across the Atlantic. It seems to me that the tears and sobs were rather more abundant and less perfunctory than in former years. As if the icy spectre of the Titanic, as if the ghosts of the six-

teen hundred victims of human cupidity and stupidity rose up suddenly at the moment of parting, as if the breath of death was suddenly wafted to us from the North of the Atlantic.

We are off. The first thing you do is to go on a reconnoitring expedition, to see if there are any familiar faces or at least interesting faces, faces that you would care to know more intimately. I am sorry to say I do not find any. The whole crowd including the several excellencies is distinctly commonplace and uninteresting. This is the first impression, and it may change later on. Hope it does. I have already made up my mind, that never again will I take the Northern trip—on the way to Europe. The Mediterranean route is my favorite.

SOME OF THE BOOKS I HAVE READ.

The day is over. After the reconnoitring expedition I settled down in my steamer chair to read. What would people of our class do without reading? And *one* of the reasons I love my annual vacations is because then I can catch up on those books which the high pressure of professional, editorial and lecturing work forces me to miss during the year. What have I read? I'll tell you what I read. I read one chapter in the *ILIAD*, and I read several chapters of Bergson's *LAUGHTER* and of Prevost's *LETTRES A FRANÇOISE*. It is strange how frequently you can read and reread Homer's immortal poem without getting tired of it. Only recently Jacobi told me that he read it almost every summer in his country home and he was complaining that it was getting difficult for him to read it in the original. And childish as the story of the irascible fleet-footed Achilles and the cunning unfair Agamemnon is, it never bores us. And the same is true of the quintessentially childish narratives *Alice in Wonderland* and *Thru a Looking Glass*. We can read them an indefinite number of times, and this is the only test of a great book, a great novel, a great poem. If you can read it again and again, it has the quality of greatness in it. And the degree of greatness of a work is directly proportionate to the number of times you can read and enjoy it. Without doubt a part of the keen enjoyment that we experience in reading the old Greek masters is due to the fact that they take us away into another world, and to such an extent that our present humdrum every-day environment seems to us unreal. And that is what we all want, whether we think so or not, whether we acknowledge it to ourselves or not. We all want to be taken away from the dull ugly prosaic joyless world we live in and to be transferred into a world of beauty, romance, charm and poesy. And as at present there is no such a world in reality, we want to live in it at least in our imagination. And that is why books having such an effect on us will always live, and will always be favorites with idealistic romantic people. And that is why realistic books picturing human ugliness, human brutality, human cruelty—often in an exaggerated form—will

only have an ephemeral vogue and will only appeal to a small class of people, and not very amiable people at that. How bad and ugly and stupid and cruel and miserable the world is, this we see every morning in our newspapers. Every copy of every daily newspaper is a propaganda document. Give me any copy of any daily newspaper—except the *Christian Science Monitor*—and with no other texts than those found therein, I will undertake to convince anyone not hopelessly cretinic that our world is a bad, crazy world and that it is badly in need of repairs and reforms. But in my books I want a change, a rest, recreation, and I do not want them to deal with the ugliest, most painful and most disagreeable features of life. Not that such books are not needed—there is a smug respectability and an inane self-satisfied conceit and a blessed ignorant innocence that can be stirred by such books only. I simply say that *I* don't need such books. In my selection I always strive after the healthy, cheerful (not cheerfully idiotic, tho even that is sometimes a relief), hopeful. After something that affords me useful information or pleasure while I am reading it, and leaves a pleasant taste in my mouth, or rather mind, after I am thru.

Marcel Prevost has always been one of my prime favorites. There is not another writer of the French realistic school whom I enjoy so much. Flaubert and Balzac bore me. The Goncourt brothers I cannot stand at all. Zola and Maupassant are world masters and should be read by everybody, and I like them, but not in the way I like Prevost. His remarkable style, his wonderful knowledge of the psychology of the female heart, and his quaint conceits always appeal to me successfully. In his analysis of the eternal feminine, in his evaluation of woman's faults and merits, foibles and heroism, weakness and greatness, nobody has surpassed and few have equalled him; and among the few preeminently stands Bourget. Our radical friends may object that Prevost deals but with trivial problems, he occupies himself with the little affairs of the heart and his heroines are the girls and women of the bourgeoisie. Ah well, the women of the bourgeoisie and of the rich can suffer very acutely and very deeply and can be, and often are very interesting. They are certainly more interesting than the daughters of the "people." And as to affairs of the heart, if I mistake not, they still play in the life of humanity a very important part. In spite of Marxism, and economic determinism, and syndicalism and sabotage, affairs of the heart will continue to cause suffering and joy, agony and extasy for centuries to come. And I fear that even in the cooperative commonwealth they will still remain one of the mainsprings of all human activity. Our ideals and opinions have undergone great changes in the last few thousand years; our feelings and passions have remained the same. And so, long live Marcel Prevost, who with his *Lettres des Femmes*, *Nouvelles Lettres des Femmes*, *Dernieres Lettres des Femmes*, *Pierre et Therese*, *Le Jardin Secret*, etc., etc., has afforded

me many hours of exquisite esthetic pleasure. He, Anatole France and Paul Bourget are sufficient proof that La belle France is not decadent.

And so I read Homer, Bergson and Prevost, and wrote what you see above, and walked on the deck for an hour, and the first day on board ship was at end; for it was midnight, and it was time to turn in. And in a few minutes I slept the sleep of the just.

And while I am on the subject of reading, I will, tho out of chronological order, refer briefly to a few of the books which I read this summer. Last summer *THE DANGEROUS AGE* was all the rage and I reviewed it in *THE CRITIC AND GUIDE* (October 1911). The author, Karin Michaelis, who has in the meantime found a husband and has therefore an additional name, that of Stangeland, has written a sequel to that book under the heroine's name: *ELSIE LINDTNER*. Well, the sequel or appendix is a poor one. It is forced and artificial. It will not add to the author's reputation, tho now that she has a husband, she may not care. *THE DANGEROUS AGE* had some original ideas and an original setting. It had a *raison d'être*.

Elsie Lindtner has none—except probably the importunities of the publisher to get out a sequel to a financially successful book.

MARFALKA, THE FUTURIST, AND OTHER BOOKS.

I knew it was stupid worthless trash, but as it was dinned in our ears that it is the representative of a new movement in literature, I had to read it. I refer to Marfalka, *The Futurist*, written by Marinetti, the founder of "futurism," a stupid movement with a high sounding name. All I can say about the book is this:

It is the purulent product of a putrid, perverted, paranoiac brain. Only a brain debauched by absinthe or softened by syphilis could be responsible—or irresponsible—for such an utterly meaningless worthless pornographic abortion. And its author the leader of a new "movement"! I pity the mental caliber and the moral fiber of his followers and disciples. I read the book in French, and let us be thankful that never will an unexpurgated English translation be able to see the open light in this country.

To mention *THE PROMISED LAND* by Mary Antin next to Marfalka *The Futurist* makes one feel guilty of sacrilege. It is like putting a bottle of delicate violet perfume near a tank of H₂S. It is like putting a bed of roses in juxtaposition to a latrine. But I do it for the sake of contrast. It is good to know that if we have mean and nasty and ill smelling books, we also have good, pure and beautiful books; it is good to know that we have writers who are not tainted by the decay of the decadents and degenerates. *THE PROMISED LAND* is a beautiful truthful human document and gives evidence of talent of a high order. Those who love good literature, those who love

to follow the development of a human soul and enjoy the truthful realistic, non-exaggerated descriptions of the lives of the humble will not fail to read this book.

I read the *TRAGEDY OF NAN*, by John Masefield. The *Tragedy of Nan* made a ripple on the surface of the literary pond and Masefield is expected to blaze forth into a great literary light. The *Tragedy of Nan* is a strong play, but I don't care for it, for in spite of the author's rather bombastic preface, the time for tragedy is gone. When I have time I will write an essay on *The Passing of Tragedy*. The central point of the play is that Nan's father was innocently convicted and hanged for having stolen a sheep. Well, people are not hanged nowadays for stealing sheep, and therefore the plot of this tragedy falls to pieces. Our whole life is a tragedy. Not single unfortunate events, sudden deaths and catastrophes etc., constitute the great tragedies of life. It is the millions of useless, profitless, fruitless, joyless, purposeless lives that constitute the real tragedy of the world. And such lives are not suitable for presentation on the stage. I fully approve of those people who refuse to spend their evenings in witnessing harrowing tragedies. There is complete psychologic justification for the desire to witness only lighter dramas, comedies and farces.

FIRST AND LAST THINGS by H. G. Wells is not exactly a new book—it was published about three years ago—but is very little known in this country. It is a book well worth reading by every intelligent man. It presents the entire philosophy of life, the system of ethics, the religion if you will of a highly intelligent, deeply conscientious, liberal thinker, and as such is well worth a careful analysis. Not that I agree with all of Wells' views; in spots his philosophy is rather too comfortable, too conciliatory, perhaps some would say too bourgeois. None the less his book is one of the highest value and it is with the conviction that I am benefiting my readers and helping to move the world along that I recommend Wells' *First and Last Things* to everyone who sees these lines.

And last but not least I read a dozen books by Leonard Merrick, a writer too little known in this country. While he does not belong to the first magnitudes, his books make very pleasant reading. His short stories, particularly those dealing with French life are just delicious. Both the language and the humor are decidedly Gallic. They make ideal reading for the steamer and the railway. Just as I like the steamer, so I detest the railroad car. I would always—except when time is of importance—rather spend 3 or 10 or 20 days on a steamer, than 3 or 10 or 20 hours on a train. But many a time this summer the hours in the train passed unnoticed, on account of Merrick's novels and short stories.

Thank you, Leonard, for the pleasant hours you afforded

me in the company of Tricotrin and his friends Pitou, Lajennie *et alii*. And the quaint story *The Child in the Garden* is a real little masterpiece, even if on account of the rather veiled ending, the unsophisticated think that it is prenatal and not hereditary influences that made the Child in the Garden tilt his straw hat like a sombrero, stick a pop-gun in his sash, and pretend that the summer house is the "brigands' cave." And CONRAD IN QUEST OF HIS YOUTH is certainly worth reading. The quoted verses that open chapter I. are worth reproducing; here they are:

"How we laughed as we laboured together!
How well I remember, to-day,
Our 'outings' in midsummer weather,
Our winter delights at the play!
We were not over-nice in our dinners;
Our roofs were up rickety stairs;
But if hope be the wealth of beginners,
By Jove, we were millionaires!
Our incomes were very uncertain,
Our prospects were equally vague;
Yet the persons I pity who know not the city,
The beautiful city of Prague!"

But the city of Prague that Conrad and we other bohemians are after is not the Capital of Bohemia. It is a condition of the mind and not a point on the geographical map. You carry it about with you and you can be in Prague while you are in Berlin, Paris or even New York. Whether you can be in Prague while you are in Boston, I don't know. But probably there are bohemians even in Boston. And so I did not go to Prague this year (I was there twice and, that is more than enough), but went to Berlin. And I spent there two weeks at a stretch.

BERLIN, THE INTELLECTUAL CAPITAL OF THE WORLD.

Not to see the Royal palaces, not to visit the museums, rich as they are in art treasures, not to sit about in the cafes and imbibe Münchener or coffee, not even to watch the nightly parades of the vestal virgins along Friedrichstrasse, interesting as that may be,—no, not for that purpose did I go to Berlin. But I believe that every intellectual person interested in the things that are going on in the world, must pay a visit to Berlin at frequent intervals, must spend a few days or weeks at the very fountain of intellectual and literary activity, to bathe therein, to imbibe of its waters and be refreshed and inspired by them. For it must be admitted that Berlin is now the undisputed intellectual Capital of the world. And to get some of its atmosphere, you must be there in person. Its literary activity in every imaginable domain of human thought is stupendous. As is inevitable, much of what is published is dung pure and simple, written for the purpose of making money, for the purpose of making a sensation, for the purpose of selfadvertising, some is mere plagiarizing, but

amidst all the worthless truck, there are some valuable gems, gems whose rays help to illumine the earth, and make this world eventually a better place to live in. I spent a good deal of time in the libraries and bookstores, and have picked up some valuable and interesting books. A part of the time I naturally spent in the genito-urinary clinics, which did not offer this year anything strikingly new. Under competent guidance I also took a peep at Berlin's underworld. I assure you not a pleasant picture. Some may enjoy it. I didn't. But as a student of social and sexual problems we have to see everything, even the most unpleasant phases of life.

DR. MAGNUS HIRSCHFELD.

He who will, deliberately and persistently, with his eyes open, knowing full-well the unpleasant consequences, devote his life to the defence of an unpopular cause, deserves credit. He deserves credit for moral courage, no matter what we may think of his judgment. Such a man is Dr. Magnus Hirschfeld of Berlin. For sixteen years now he has been valiantly fighting the cause of the unfortunate, loathed and despised urnings. And his fight has not been fruitless. In Germany an entirely different attitude towards these step-children of nature prevails now, than did say ten years ago. They are let alone. As long as minors under eighteen are not involved and the element of force or seduction is absent, they are not disturbed. There are in Berlin alone 42 public cafés, restaurants and other meeting places where the homosexuals of both sexes congregate. These places are perfectly well known to the police and they are not interfered with in the very least. On the contrary their existence is favored. For the higher officials recognize that for public morals and general welfare it is better there should be places where these abnormal people can meet one another undisturbed, than that they should be driven from post to pillar, blackmailed, annoyed and harassed and scattered thruout the general populace, there to exert an unwholesome influence and gain perhaps adherents and victims.

The wisdom of the German officials has vindicated itself. The results of this policy are excellent. The first result is that you seldom see in the Berlin streets an urning prowling about in search of another urning (or a heterosexual degenerate); they don't have to do it for they know where to find them. The second result of this liberal policy is that blackmailers find their occupation gone, in this field, and the public is spared court trials, nauseating and unhealthy details. The third result is that the police has no opportunity whatever to graft. Once such places are fully permitted, then why pay graft? And this lesson our legislative and administrative Solons must take to heart before any hope can be entertained of any improvement in official graft and police blackmail and corruption. They must learn clearly and strictly to differentiate—I have said it elsewhere, but it will

bear repetition—between vice and crime. They are beginning to do it in European countries—how many decades behind Europe must we lag in such matters? Remember this: As long as the satisfaction of human appetites and desires, between adults, such satisfaction not being accomplished in public and not involving any force, is going to be penalized, so long will there be perjury, graft, corruption, murder and hired assassination. So long will there be Rosenthal-Becker affairs.

But to return to Dr. Hirschfeld. His work, his agitation, his books and pamphlets, his expert testimony before the various courts have done much towards the establishing of a more humane, more sympathetic, more scientific attitude towards the homosexuals. The German jurists have at least learned the fact that the true congenital urning is no more responsible for his nature than he is responsible for the size of his head or the color of his hair.

Had there been a Hirschfeld in England, one of its poetic perverts (or pervert poets) would not have been so cruelly disgraced and punished and would not have been exiled to die on foreign soil, in a dingy attic. But then if he hadn't he might not have written to Ballad of Reading Gaol the one thing of his that will live, being the one thing besides *De Profundis* that he wrote in honesty and sincerity, most of his other stuff being the product of a poseur.

While §175 of the German penal code has not been taken off the statute book, it is applied with greater leniency and the voices of influential men in every sphere of life demanding its total abolition are becoming more and more numerous.

One night we took an auto and under the protecting guidance of Dr. Hirschfeld, the patron saint of the homos, being known personally to every urning in Berlin and by reputation to practically every one the world over, we went to visit the homos' resorts. Everything was quiet, decorous, respectable and with the exception of one or two, the uninitiated would not have noticed that there was anything wrong with those places. We visited different types—from those where the poor workman sips his beer to the meeting places of the well-to-do business and professional men. Tho everything, with the exception of one place, was nice and decorous, still after a couple of hours I began to feel so nauseated at what I saw—was it perhaps also the tobacco smoke and poor ventilation?—that I begged to be taken home. Nature made me so healthy, the instincts she implanted in me are so unequivocally normal, that I cannot help feeling disgusted at everything abnormal. I am sorry for the pervert, I pity him, I would treat him to the best of my ability (tho the congenital urning is not amenable to treatment) and I would certainly not punish him for an abnormality for which he is *absolutely* blameless—but I cannot help loathing him—a little. And seeing hundreds of perverts at once, it is no wonder that the loathing was great. But it was certainly a peculiar night—unique in my varied experiences.

DR. IWAN BLOCH.

Those who have read Iwan Bloch's *Origin of Syphilis*, *The Sexual Question of Our Time* and the first volume of his encyclopedic work on *Prostitution* which has just made its appearance must have admired and been astonished at the author's vast reading and erudition. I spent a morning with Bloch. His library on sexual subjects is a marvel. It is the largest of its kind in the world. It is so large that the author had to remove to Char-



DR. IWAN BLOCH



DR. MAGNUS HIRSCHFELD

lottenburg (a suburb of Berlin), for the expense of housing such a library in Berlin proper would be beyond the ordinary physician's pocket. And even in his large residence in Charlottenburg, there are not bookcases and shelves enough to hold all the books, so that quantities of them are stacked on tables and on the floors. It is the work of a life time to read so many books and to assimilate or utilize them for one's own writings, but then Iwan Bloch is devoting his entire life to a study of the vitally important sexual question. He is still comparatively a young man—he has just passed forty—and to judge by what he has done so far, he will enrich the literature of the subject with some important and valuable contributions.

OUR AMATEUR SO-CALLED SEXOLOGISTS.

And while I spoke to Bloch, saw his encyclopedic knowledge, took in his tremendous library, thought of the amount of energy the man was putting in his work, I suddenly recollected

of some of our amateur sexologists, and I could not help smiling—smiling very broadly. For, know ye, we have “sexologists” in our country, physicians who dare to lecture before societies and even write pamphlets on the sexual subject, who not only do not know the *works*—many of them are untranslated—but do not even know the *names* of the world’s real thinkers and investigators in the domain of sex. I have met them and I have spoken to them. Their knowledge is derived from a study of the stupid inanities and false platitudes of a Sylvanus Stall. He is their ideal and his books they recommend to their audiences. Well, what can you expect? It would be amusing indeed, if it were not so tragic. Yes, I could not help smiling. Bloch asked me what it was that made me smile so, and I told him it was a funny passage in the book that I was just glancing thru at the moment.

An Afternoon with Haeckel.

The distinguishing feature of this year’s trip has been the number of great people—and by great I *mean* great, people who are doing the world’s work, who are pushing humanity forward—whose personal acquaintance I have had the pleasure to make. *Facile princeps* among all is Ernst Haeckel, one of the world’s greatest men, one of the world’s greatest thinkers, one of the world’s greatest biologists.

Jena is notable for three things: Its university, Ernst Haeckel who had taught in the University for 51 years, and the Zeiss works, where the world’s best microscopes and telescopes are made. It was neither for the sake of the first, nor the last that I went to Jena: It was exclusively for the sake of Haeckel.

It was a beautiful Sunday afternoon when we arrived in Jena—beautiful, calm, peaceful. The contrast between the bustle and uproar of Berlin and the almost village tranquillity of Haeckel’s town was striking and soothing. We stopped at the “Black Bear,” a famous historical hostelry where Dr. Martin Luther who gave Germany its religion stopped several times, and where the man of blood and iron who gave Germany its political unity had his lodging 370 years later. One of the charms of Europe is that history walks side by side with you, and whether you want to or not you are bound to shake hands with interesting ghosts of former centuries. We partook of a very excellent dinner, and found in the directory that Ernst Haeckel’s—Universitäts professor, Excellenz, etc.—address, was Berggasse 7. We also found in the directory, that Jena had seven honorary citizens, and that Ernst Haeckel was one of them. We took a cab, but the “street” where Haeckel lives, is not a street. It is a narrow steep alley, where no vehicle can enter. We therefore discharged the cab at the entrance of the alley, and wended our way to number 7. A large old fashioned, but comfortable house.

We rang the bell—did our heart beat a little faster or did it only seem so to us?—a maid opened the door and showed us

into Haeckel's sanctum sanctorum, into his study, where he has done so much work, where he had laboured so long and so hard to diffuse knowledge and to uproot savage thought and silly superstition. We had notified him by telegram from Berlin that we were coming that day, and we did not have long to wait. He soon made his appearance. If I were a hero worshipper, I would say, he looked like a saint or like a Greek god; but he did look

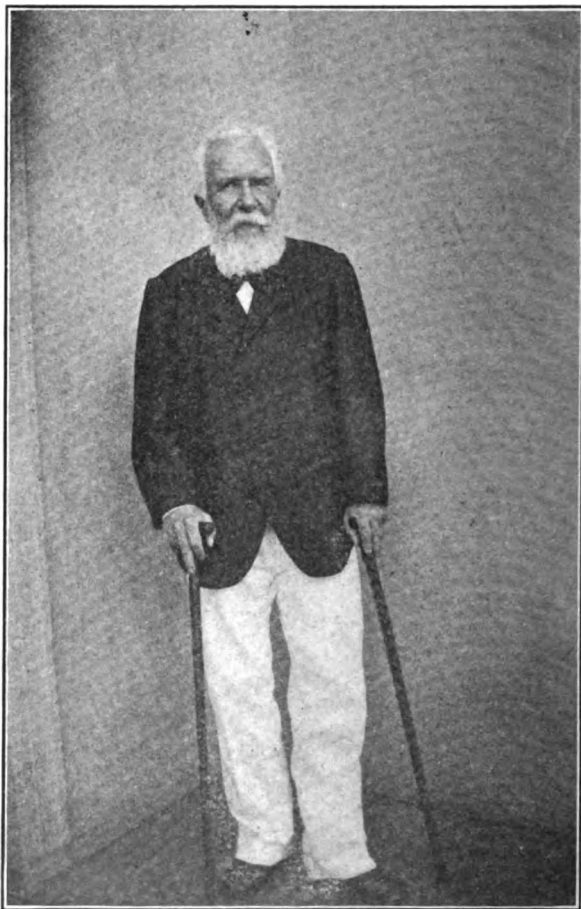


I. The famous inn where Luther, Bismarck and The Editor stopped.
 II. The Editor snapped (C. B. Russell Herts) between two Orang-Outangs. III. Haeckel autographing his picture.

beautiful. In spite of his 78 years, and in spite of the lamentable accident, which will keep him a prisoner to the end of his days, his complexion was ruddy, his eyes bright and smiling, and his body strong and well-knit. In fact he looked very little changed, since I saw him for the first time in Berlin seven years ago; (see CRITIC AND GUIDE, May, 1905). Only his hair and beard have

turned from gray to a beautiful snow white. He walks by the aid of two canes, and thus supported he walks without much difficulty. It is the sitting down and the getting up that comes rather hard on him.

We spoke first of monism, and he felt happy that the monistic creed was making such rapid strides. For its rapid growth during the last few years he gave full credit to Ostwald (One of the world's greatest chemists, Professor of Chemistry at the



HAECKEL, on his Balcony

University of Leipzig), who is now president of the Monistic Union. We spoke of the Riddle of the Universe and he was frankly gratified at the great popularity of the book. It has been translated into twenty-two or twenty-four languages, he did not exactly remember the number, and in most of the languages it had gone thru several editions. Recently a Brahmin came to him to ask his permission to translate it into Hindoo, in which

language he assured him it will become accessible to a larger number of readers than in any other language in the world. Why the book has met and is continuing to meet with such favorable, one might say enthusiastic reception, he did not know. And he said this with the utmost simplicity, sincerity and absolute lack



of affectation. He had said the same things that he said in the Riddle of the Universe many times before, but the public wouldn't listen. Apparently Horace is right:— *habent sua fata libelli*—

books also have their destinies. He asked how soon the *Pathfinders of Medicine* by Victor Robinson, would make its appearance. He was appreciative of the honor of having the book dedicated to him and he hoped to get a copy as soon as published. He was pleased that the new world was not forgetting an old man. He asked us to look over his library—one shelf of which was occupied exclusively with the works of Ernst Haeckel, 4 big volumes of Scientific reports having been written by him originally in English—and also his paintings. On one of the walls was Gabriel Max's famous painting of the Primitive Man and Woman, and this picture was surrounded with four landscapes from Haeckel's own brush. For Haeckel is quite an artist. Pointing to his palette, he said that was the only recreation and amusement left to him. I expressed the hope that his leg would get well, but he sadly shook his head and said: "No use hoping. It will never get well." There was sadness and resignation in his voice. But there was real deep pathos when he said: "The worst of all is that I can do no more original mental work." He attends himself to his large correspondence — like our own good Jacobi he gets along without secretaries, stenographers and typewriters and writes everything in his own hand — he presides at conferences which meet in his house, but this is not original mental effort. And this inability he seemed to feel keenly.

Peace, peace, nature's nobleman! In thy long career thou hast worked hard, thou hast toiled incessantly, thou hast accomplished wonders, and thou hast well earned the right to peace and rest. For thy having lived and labored the world is a saner place to live in and thou hast the right to take things easy. Thou hast done well by the human race, and the best of the race recognize and appreciate thy services. Thou hast built thee monuments more permanent than bronze and we all wish thee well. Thou art already immortal and well mayest thou spend the rest of thy years—may they be many—in tranquil meditation, in silent communion with the harmonies of nature which thou knowest so well, and in mixing the paints and colors which are thy only amusement now. Thou hast done thy task and mankind will forever count thee among its great benefactors.

We spoke of different matters. I told him that I was going from Jena directly to Francfort to see Ehrlich, and he was interested to know how we physicians were satisfied with 606. Tho not in his line, he was interested to know whether it proved as great an acquisition to our therapeutic armamentarium as was at first hoped it would. I told him. It is the characteristic of great minds to be interested in everything that is going on in the world, even in things that do not come within the purlieu of their usual line of thought or activity. He gave us his picture, with a nice inscription, he good-natur-

edly acceded to our whim to permit us to photograph him in his study and on the balcony, and then we were ready to go. He shook hands warmly, we thanked him for his kindness in giving us so much of his time, he asked us to remember him to all his American friends and well-wishers, and our visit was over. We felt that we had had one of the best days in our life, and that it would have been worth while to have gone to Europe for this visit alone. We went away with a very good taste in our mouth, buoyant and happy, for we had been in the presence of a good and great man. Not a semi-great, or a near-great or a would-be great man, but a really great man. One of humanity's greatest and noblest sons. Long may he live.

On parting Haeckel told us to go and see the Phyletic Museum, popularly known as the Haeckel Museum. Of course we went there the following morning. It is a natural history museum, designed largely for the purpose of illustrating the truths of natural evolution. The stuffed animals and the models of embryonic development are very fine. But the explanatory legends on some of the placards would not please, I am sure, some of our theologic mummies, who think that even if we know a thing not to be true, it is not right to say so too loudly. We all know—I mean all who possess a modicum of brains and intelligence—that the biblical account of the creation of the world and of man is childishly absurd, impossibly ridiculous. And still what public institution in the United States would dare to make the statement publicly? On the placard near the case of apes, in the Haeckel museum it says, among other things: "On removing the skin from an ape we find every muscle, every nerve, every blood vessel exactly the same as in man. Only the size is different. The teaching of the Bible that man was created suddenly is erroneous. Man is descended from ape-like ancestors" etc. Painted in large letters near the ceiling is the following sentence: *Wer Wissenschaft und Kunst besitzt, hat auch Religion! Wer jene beiden nicht besitzt, der habe Religion* (He who possesses science and art, he has religion: He who does not possess those, let him have religion).

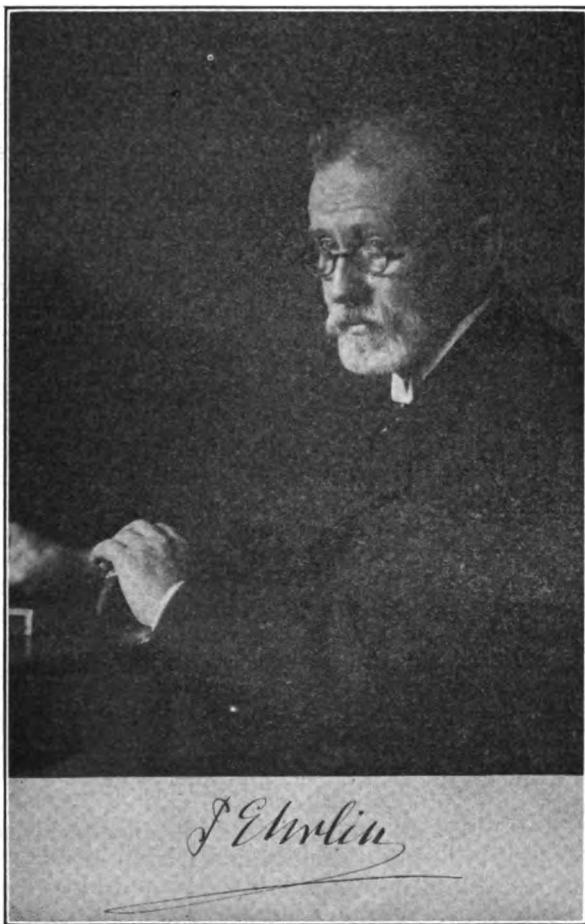
In Jena there is a Ernst Haeckel Street and a Ernst Haeckel Square. In Francfort they have a Paul Ehrlich Street, and so on in many cities in Germany. That is in Germany they honor their great men while they are still among the living, so that they can enjoy the honors. They even erect statues to their living great. All of which is very sensible. We wait until our great men are dead before we do them any honors. And even then we don't. Is it because republics are ungrateful? Not at all. France is a republic and no country in the world is more appreciative of her great sons and daughters, than France is. Simply because our officials taken all in

all are of a much lower intellectual level than are the officials of Western Europe. This is one reason. The second reason is that the civic spirit among our citizens is still in the stage of infancy. In some cities it has not been born yet, in others not even yet conceived.

Ehrlich, Salvarsan and Neosalvarsan.

Frankfurt is a nice clean thoroly modern commercial city. But I do not go to Europe to see nice clean commercial cities. I went to Frankfurt for the distinct purpose of seeing Ehrlich and the Institutes over which he presides. The Institutes were there, Ehrlich wasn't. He was away on his vacation in Switzerland (where I met him a week later). I went thru both the Speyer house and the Institute for Experimental Therapy. They are next to each other, situated on the Paul Ehrlich Strasse. Not much was going on in the laboratories which gave us 606, as most of the workers were away on their vacations. A few assistants were doing some microscopic and biologic work. Two pretty young ladies were cutting up some white mice. They are breeding the mice right there, but nevertheless they have to buy also outside, as they use up 2,000 mice a month, and that is quite a quantity. (Poor little mice. What are the lovely antivivisectionists doing? Or aren't there any in Frankfurt am Main?) The young ladies, Miss L. and Miss H. showed us some very interesting pathological and microscopic preparations of framboesia, trypanosomes, etc., and seemed to be not merely interested, but enthusiastically interested in their work. But while they were cutting up the poor little mice, the sacrifice of which on the altar of science may yet solve for us the cancer problem, the silly, old fashioned of-which-I-ought-to-be-ashamed-notions kept on crossing my mind; Is that a proper occupation for pretty young women? Are they happy? And wouldn't they be better occupied in a nice home of their own? Wouldn't society be better off if they were devoting their time to the proper bringing up of their children? What will be the result for future society if the brainy and intellectual women will devote their lives to scientific work, and only the common and ignorant and empty headed will be left for the most important of all professions and occupations, that of Motherhood? Such ideas are always apt to come to my mind, whenever I see a healthy attractive young woman taken away from her proper sphere—the home and love. (I will say in parentheses that when the woman is disagreeable and homely, such ideas do *not* come into my head.) But I did not permit those foolish medieval, reactionary ideas to dwell in my head long. I dismissed them as well as the young ladies, and proceeded with another assistant to the various other departments. Whoever has seen one of our great research laboratories, will find nothing unique in the equipment of the

Ehrlich Institutes, but it is not the equipment, it is not the marble building, it is not the spacious halls that does the work and makes the epochal discoveries. It is the brain behind the equipment. But the brain behind this equipment was not in Frankfurt at the time. It was in Engleberg, Switzerland, and it is in beautiful lovely Engelberg—the “mountain of angels,” well named for its mild climate and rich vegetation—where I met his excellency Paul Ehrlich. I wrote to him from Frankfurt, enclosing a note from my good friend S. J. Meltzer and I received a letter from Her Excellency, stating that her husband would be happy to see me any time that may suit



my convenience. And so one nice drizzly afternoon I betook myself to Engelberg. Ehrlich stopped at the Grand Kurhaus and it is there where I met him. He looks considerably older

than he did eight years ago when I saw him in New York at the banquet given in his honor by the German Medical Society.

The principal topics of conversation were 606 and 914—Salvarsan and Neosalvarsan. I regret to have to report *that he was not at all enthusiastic about neosalvarsan, and did not want anybody else to be prematurely enthusiastic about it.* He spoke about it with extreme reserve. It was entirely too soon to pass judgment on it. And when I spoke of the favorable reports that had appeared so far, he did not seem quite pleased and called my attention to two unfavorable reports which had appeared in the *Deutsche Medizinische Wochenschrift* for July 30. But so much more firm and positive was he in his faith in salvarsan and he spoke with unconcealed bitterness about the factional spirit which has been injected into the discussion of the subject, and about the unworthy unscientific attitude of men for instance like Gaucher. He laid emphasis on the great care necessary to observe in injecting salvarsan, if we wish to avoid untoward effects and unexpected disasters. It is not only the organic impurities of the water, the inorganic constituents from the distilling apparatus etc., may cause mischief. As an example he mentioned the report which had just been published by Emery and Sicard, in which the injected patients showed symptoms of plumbism, which on investigation was traced to the glass of the distilling apparatus: the glass happened to be exceptionally rich in silicate of lead and a portion of it was dissolved by the distilling water. We discussed the general fate of almost every important new remedy or method of treatment: first, the beating of drums and cymbals, praising it to the skies, as both infallible and harmless; next, comes the stage of knocking it by honest opponents and dishonest rivals, and third, comes the stage of sane equilibrium, where the remedy is assigned its proper place—or is buried for good. And by the way, rather to my surprise he was strong in his faith in the value of salvarsan in locomotor ataxia. We discussed other points, the probability of the discovery of an effective cancer cure in the near future, the work of the Rockefeller Institute, etc., and then the last train for Lucerne was leaving soon, and I had to bid Paul Ehrlich good-bye. He promised to send me his photograph (he did not have a copy with him) which he very kindly did, and which is reproduced on the preceding page, asked to remember him to Meltzer and Flexner and we parted.

No vacation is a vacation to me unless I have a good taste of Switzerland. Switzerland is the best part of Europe and the Bernese Oberland is the best part of Switzerland. I visited this year several parts of the country which I had not visited before, and each one had a distinct charm of its own. I also visited Chamonix—which is not Swiss as nine out of every ten people think, but French,—and while the Mont Blanc is grand and majestic and all the other adjectives, I like the Jungfrau and the Matterhorn best. Tho it was the beginning of August, it was so cold in Chamonix that I was freezing, and in the room I had to wear my

overcoat and write with my gloved hands. My hotel had no central heating (the European hotels make a special advertizing point about their Zentralheizung or Chauffage Central), and it was too early in the season to make the stoves. As a matter of fact the days were colder than the nights, for in the night you could use plenty of covering.

From Switzerland we went directly to Paris. Paris is on the same spot, and as I have written about it several times before, I will refrain now. Especially as I have nothing to write about: I stopped nine days in Paris and spent practically the entire time in my room reading and writing, or doing the same thing in the National Library. Not once did I go to theatre (the theatres are very poor in Paris in the summer), not once did I sit down at a café on the Boulevards (it was either raining or threatening to rain). Are there many more as good as I? I didn't have to go to Paris to sit in my room and read and write. I could have done it in 12 Mt. Morris Park.

From Paris we went to Cherbourg—a long tiresome ride—and from Cherbourg we were taken on a tender to the steamer. For four hours we were kept on the tender—from 8 p. m. to midnight and it was drizzly and chilly. The Hamburg American line seems to care very little for the comfort of its passengers. The steamer contained the most intellectual crowd that it has ever been our pleasure to meet on one deck—it contained the delegates to the International Congress of Applied Chemistry. And when someone called: Doctor, three quarters of the passengers turned around. For, the majority on board were doctors: M. D.'s, Ph. D's, Sc. D's or other kinds of D's. After a sunless journey of ten days, which was devoid of any notable incident, which we devoted exclusively to reading and writing, we reached Hoboken, and after being held up by uniformed bandits, i. e. custom officials for the sum of eighteen dollars and ninety cents (we were honest enough to declare a new urethral instrument which we brought with us, and the high tariff robbers have declared a duty of 45 percent on surgical instruments) we took a cab at a price which was worse than robbery (I shall have to write some time about our miserable banditic cab system, which is a perfect disgrace, when compared with the well arranged, convenient and remarkably cheap European system) and were soon comfortably settled in 12 Mount Morris Park.

And now we will leave Europe until next year.

A DEPLORABLE ACCIDENT ON ACCOUNT OF MISUNDERSTANDING ON PART OF THE DRUGGIST.

I am reprinting in this issue Dr. Pedersen's paper which was published originally in the May issue of the American Journal of Urology. The author seems to hold the druggist wholly responsible for this unfortunate accident. I do not see that the druggist was so very much to blame, but of course he was guilty of carelessness. The man asked the druggist for something to

burn it out and as the people usually use lunar caustic for the purpose of burning out chancroids and venereal sores, the druggist thought that he was giving the man the right thing. Nevertheless the paper illustrates what great care is necessary in giving people remedies intended for self-treatment of venereal diseases. As a matter of fact druggists should under no circumstances recommend anything or even sell anything for that purpose except on a physician's prescription. Not only do they cause untold damage to the patients—we discussed this point before—but they run the risk of suits for damages. In this case had not the patient gone insane the druggist would have had a suit for heavy damages on his hands.

Counter prescribing is bad, counter prescribing for venereal diseases is damnably bad.

A REFRESHING REVIEW OF "SEXUAL PROBLEMS OF TODAY."

In the good old times many dangerous books were burned solemnly by the public executioner. Such a fate is richly deserved by Dr. William J. Robinson's "Sexual Problems of To-day", a much be-penciled copy of which has been sent to AMERICA for review. The shameless immorality that the author unblushingly teaches makes one wonder how he found a publisher, and marvel even how his work has escaped suppression by the authorities. "No book," quotes* Dr. Robinson, on the title page, "has a right to exist that has not for its purpose the betterment of mankind by affording either useful instruction or healthful recreation." By these words his own foul book is unreservedly condemned.

The above review appeared in "*America*," A Catholic Review of the Week.

It is certainly unique and refreshing. In our degenerate days, when people are straddling and sitting on the fence, when books are seldom ripped up as they deserve to be, when reviewers are too cowardly to give their real opinion, it is pleasant to see people who have the courage of their convictions. Of course, I do not agree with "*America's*" reviewer, tho I do not question his sincerity. I sent the following letter to the *Editor*.

To the Editor of "*America*",
59 East 83rd Street,
City.

Dear Sir:

I have received a marked copy of "*America*" for September 21st, and I very much enjoyed your review of my book, "Sexual Problems of To-day." In the year of our era 1912 it is certainly unique and refreshing. But would it not have been better to criticise the book and to show wherein it is wrong or immoral, instead of advocating its suppression or destruction by burning?

* This is not a quotation. This is my original motto.

And is it possible that the reviewer has completely missed the high moral and humanitarian tone which permeates the entire book, in spite of the radical and unconventional opinions expressed therein?

Do not for a moment think that I bear the slightest grudge against you for your review. On the contrary by again demonstrating the terrible darkness that still surrounds some good souls, it convinces me of the great importance of my work and encourages me to persevere in my not always grateful task.

And, besides, I believe I have reached a stage when the severest criticism of my books or my work no longer affects me, for I fully recognize that we are no more responsible for our views and opinions than we are for the color of our eyes or the size of our head. All our opinions and feelings are the result of the structure of our cerebral cells, our heredity, our environment, our studies and reading, our friendships and acquaintances; and you are no more to be blamed for your dark anti-social views, than I am to be praised for my mild humanitarian opinions.

I do not even doubt for a moment that you may be sincere believers in the usefulness of your work and may be fully convinced of the perniciousness of mine. But so it is. We are in the arena of thought and every conscientious man must battle for what he considers right.

But isn't it a pity that we good Christians can no longer burn heretical books and incidentally their authors also? Isn't it a pity that the inquisition can no longer apply the rack and the thumbscrew, pierce out the eyes and tear out the tongues of those who dare to show the least bit of intellectual independence? Times have certainly degenerated.

To show you that I bear no grudge against you, I take pleasure in mailing you, for review, (I do not know who is responsible for having mailed you "Sexual Problems") a copy of the fifth edition of "Never Told Tales". I believe that that book is so necessary, so important and withal so moderate and unobjectionable, that even your tenth-century conscience will find nothing to condemn in it.

Yours sincerely,

William J. Robinson.

PROGRESS IN THE J. A. M. A.

The Journal of the American Medical Association is constantly improving. It recently issued one special number dedicated to oto-rhino-laryngology and ophthalmology and another to syphilis. The idea is an excellent one. It will render the journal still more valuable to its numerous readers.

Only a somewhat more liberal policy and an Open Forum for readers to express their opinions and give their suggestions freely, and the journal would be the ideal medical journal of the world. But even that will come to pass. The editor of *THE CRITIC AND GUIDE* is a great optimist—as far as the future is concerned.

A COURT OF APPEALS.

Many of the weaknesses that we have pointed out in the work and the methods of the Council on Pharmacy and Chemistry of the American Medical Association, which has done on the whole such excellent work for the American physician, have been remedied; many of the suggestions which have been made have been adopted. The Council is certainly more careful now in issuing its pronouncements, and is more painstaking in investigating a product before condemning it.

Nevertheless an injustice may still occasionally be done. To make the commission of any injustice less likely, more difficult, we would, as a last reform, suggest the formation of a Court of Appeals. In all affairs of life there are courts to which appeals may be taken from the decisions of a lower court. We ought to have a Court of Appeals of practical physicians of high standing, not in any way connected with the Council, to which any manufacturer who considered himself aggrieved, could bring his case for a rehearing. The details of such a Court of Appeals would have to be worked out, but the idea, it seems to me, is a good one. Don't you think so? Such a court could do a great deal of good, in *preventing* and in correcting errors, and it could certainly do no harm.

THE GENTLE KINDHEARTED ANTIVIVISECTIONISTS.

The good kind-hearted people who, out of the kindness of their hearts, object to any experiments on animals, are not only full of love for cats, dogs, mice and rabbits; they are full of love and gentleness for human beings as well. Never, never do they harbor any hate against a human being, never, never do they do use any harsh words against man, woman or child; they even love their opponents. Witness the following letter received by Prof. W. W. Keen, who like the editor of the CRITIC AND GUIDE is an advocate of animal experimentation and believes that human life is more important than that of a mouse or a guinea pig. Please read the letter carefully:

"Arch-fiend:—I read with horror your article in the Ladies' Home Journal on vivisection. I hope your mother, if she is living, will die in the most terrible torture, and if she is dead that her soul will never know rest for having given life to such a vile monster as you, is the nightly prayer of a dozen women who indited this."

Aren't we right when we claim that the antivivisectionists are the victims of a psychosis?

Dear Doctor Robinson:—

I read every number of your wonderful little journal which is, without the slightest doubt, the most virile medical publication in America, or for that matter, anywhere else, so far as I know.

Sincerely yours,

Chicago

Alfred S. Burdick M. D.



For the CRITIC AND GUIDE.

Bromides and Marriage as a Panacea in the Treatment of Sexual Disorders.

BY WILLIAM J. ROBINSON, M. D.

I will state at the onset that the treatment of pollutions by bromides and other sedatives is merely a makeshift, a makeshift that is often ineffective and often injurious, and sometimes the more injurious the more effective it is. I will make my meaning perfectly clear. The point is of such importance that it deserves a little discussion.

Modern scientific medicine differs from the old empiric jumble of our ancestors in that it teaches the importance of removing the cause of the disease wherever possible, instead of treating the mere symptoms. In the treatment of plethoric pollutions we seem to forget this principle. What is the cause of pollutions in a strong healthy man? Simply failure to satisfy a normal, natural instinct. It is normal, natural and necessary for a robust adult to have occasional sexual intercourse. And if a man of 25 or 30 comes to us and tells us that he has been suffering with pollutions because he hasn't had any sexual relations, the proper, honest and scientific thing to do is to tell him to go and satisfy his instinct in a natural way. Instead of that we begin to depress his sexual activity and lower his general vitality by injurious drugs. We do not act in this manner in any other human disorder. If a person comes to us with severe headaches, and we find that the cause of the headaches is lack of fresh air or deficient action of the kidneys, we do not—that is if we are physicians worthy of the name—stuff the patient with headache powders, but we advise him to get plenty of fresh air or we try to increase the activity of the kidneys. If a patient has a painful gnawing sensation in the stomach because he doesn't eat enough we do not attempt to dull that pain by morphine or other narcotics, but advise the patient to eat. And so, in many cases of nocturnal pollutions the only *honest* advice we can give the patient is to have normal sexual relations, and as soon as he follows the advice, the trouble, i. e., the pollutions, disappears.

But let us bear in mind one thing: the advice to have sexual relations may be given only in the stage of strong, plethoric "physiologic" pollutions. To give this advice in the stage of atonic pollutions, or in the stage of spermatorrhea, is folly, and if the advice is to "get married", then the folly becomes criminal folly.

I have seen too many sad tragedies resulting from this

thoughtless advice. A patient feels he is becoming physically and mentally weakened from excessive nocturnal or diurnal pollutions. He consults his family physician. He gets a prescription for some bromides, or bromides and lupulin; he takes it for a time with the only results that he gets pimples and a disordered stomach. The pollutions keep up the same way or become worse. He again consults the physician. "Well, I can do nothing for you; the only thing for you to do is to get married", is the physician's dictum. The man has already somebody in view, or he looks around and finds somebody. He may have no inclination to get married, his plans might have been entirely different ones, but as his life and health depend upon it, he gets married. And he finds that he is impotent. And the pollutions may not stop either. And here the physical condition combined with the agony and humiliation of not being able to satisfy his wife, may throw him into the deepest slough of despond; may convert him quickly into the worst type of sexual neurasthenic. And we have a disrupted home or suicide. Many of the cases of suicide immediately or soon after marriage, of which we read in the newspapers, are of this character. If we are to advise a man suffering with pollutions to attempt intercourse, then we should advise him to have illicit intercourse—and I say this without hesitation, all the tenth or fourteenth-century obscurantists to the contrary notwithstanding. If such a man attempts intercourse with a prostitute and finds himself relatively or completely impotent, then no damage is done. The man has suffered a fiasco, he knows he must treat himself and that's all there is to it. But if, following the pernicious advice of a thoughtless or incompetent physician, he gets married, then the mischief is done and it cannot be undone so easily, if at all. It is almost incredible how careless—or is it real ignorance?—many physicians are on this point.

I feel deeply on the subject, because I see the tragedies only too frequently. Only this week a physician came to consult me. He was suffering with almost nightly atonic pollutions, and either as a result of these or independently of them with severe gastrointestinal disturbances. The specialist who treated them for the latter believed in a causative relationship and urgently advised him to get married. He told him he could not get well unless he did get married. The doctor felt, that it would perhaps be a risky thing, and came to get my opinion. He is 36 years old and has never had intercourse in his life. That fact alone is suspicious. An examination showed the penis and testicles small and shrunken, in fact infantile in size, and this with several other points in his history, left me no choice but to put an emphatic veto on any thought of marriage at the present time. It may require two or three years of very complex treatment—hygienic, general and local—before he may permit himself to entertain any matrimonial thoughts.

This case is not by any means unique. I know even cases where the patient told the doctor that he attempted intercourse

and found himself completely impotent—he was either unable to get an erection or the ejaculation was instantaneous, and nevertheless the doctor's advice was: "get married". The woman in the case is not taken into consideration at all, as if she was not a living human being at all, but an inanimate object, a mere vessel. Leaving out the immorality and the cruelty of the advice—for one must be callous indeed not to think of the prospective wife's wretched future, that she may become a worse sufferer than the husband—it is time for the profession to become aware of the fact, that marriage is not a panacea for all sexual disorders, that in itself it will not restore all sexual cripples to health and vigor, but on the contrary it is apt to render them worse. The cripples must first be cured, or practically cured, before they may be advised or even permitted to marry.

It is just as criminal to advise a man suffering with atonic pollutions or spermatorrhea to marry as it would be to do so in the acute stage of gonorrhea or syphilis.

I have stated that the treatment by bromides is often ineffective, often injurious, and sometimes the more injurious the more effective it is. That the bromides are often ineffective is known to everybody. Sometimes in spite of frequent and constantly increasing doses the pollutions go on just the same, or they even increase in frequency, tho they generally diminish in intensity. In other cases the bromides are effective. That is, the patient under their administration ceases to have pollutions. Is this accomplished without injury to the patient's general and sexual system? In many cases, yes. The bromides seem to depress the sexual function just sufficiently to rid the patient of a too frequent repetition of the pollutions. No damage seems to result, for when such patients decide to assume or to resume sexual relations, they find their power unimpaired. In other cases however, the result of the bromides is very disastrous. The pollutions become very rare or cease altogether. But the patients exchange their pollutions for something much more serious: They become temporarily or permanently, relatively or completely, impotent. Entirely too dear a price to pay. These are not theoretical consideration or imaginary fears. I am used to weighing evidence, to be skeptical about patients' assertions and to guard against the *post hoc, propter hoc* fallacy. And I can assert positively, after eliminating all doubtful cases, that I have seen a considerable number of cases in which the impotence could be traced positively to the use—or abuse if you will—of the bromides, particularly the bromide of potassium.

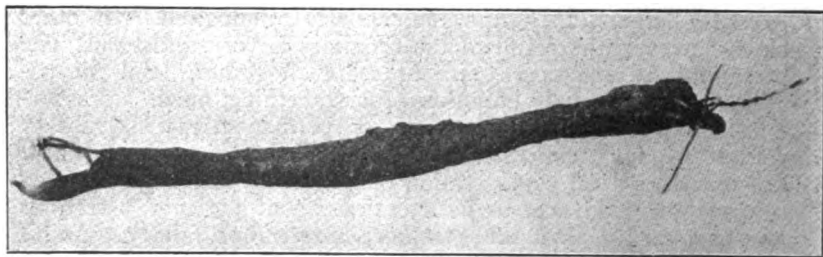
The bromides and marriage are very dangerous remedies to prescribe in sexual disorders. They must be used with the greatest care and discrimination. They are more dangerous than morphine or atropine. And in the hands of the injudicious they are sure to bring pain and disaster.

A Case of Burn of the Urethra with Lunar Caustic Followed by a Complete Cast of the Urethra.

BY VICTOR COX PEDERSEN, A. M., M. D., NEW YORK.

Sloughs of the urethra in the form of complete casts are not very common, because the origin of such sloughs is in itself unusual, namely, the introduction of caustic sufficiently strong to destroy the mucous membrane in its entirety for a considerable region of the urethra. The following is an example of a silver nitrate burn of the urethra, followed by a complete cast about four inches long, as shown in the photograph:

A. M. T., about 28 years old, white, single, machinist. He admitted syphilis and a number of attacks of gonorrhea, which he had treated more or less successfully himself with proprietary and other means obtained thru druggists' advice. He also admitted a moderate stricture. When first seen, he was engaged to be married, with the usual result of positive stimulation of his sexual appetite. In gratifying this, he acquired a gonorrhea. Realizing that his approaching marriage rendered the promptest possible cure necessary, he reported at a drug store and asked for a "bougie used to burn it out." He claimed that he showed the druggist the approximate length of the bougie. Thru error or carelessness, the druggist gave the man a stick of silver nitrate, which the patient accepted after demurring and stating that he thought it might be right, but was not certain. Even this attitude of doubt did not seem to impress the druggist with the likelihood that a mistake was being made. The patient went home, introduced the caustic into his urethra, which he said was followed by excruciating pain and



Complete cast of the urethra caused by silver nitrate.

then by loss of sensation. The caustic did not remain in the urethra many minutes, and soon the pain began with agonizing chordee and profuse discharge. When first seen, the patient presented a penis which was twice its natural size, a free discharge, at first without, later with gonococci, obstruction thru which he could barely urinate, and in short, a pitiable condition. The lining of the canal seemed necrosed for a sixteenth of an inch in depth, including, of course, the entire thickness of the mucosa. The patient was taken to the hospital, the deep urethra was but-

ton-holed, the bladder drained, and both these regions were irrigated two or three times a day with a weak permanganate of potash solution. Both bladder and deep urethra remained uninfected under this treatment. In about four days, a slough of the anterior urethra was cast in one piece about four inches long, and is shown rather well in the photograph.

The case thereafter made an uneventful recovery, excepting for the fact that the first four or five inches of the anterior urethra were converted into a dense stricture, which could not be dilated above 23 F. About eighteen months after this wretched accident, partly thru brooding over his condition, partly thru disappointment thru the breaking of his engagement to be married, and partly thru the syphilis, the man went insane, and is to-day an inmate in one of the public institutions. The Superintendent of this asylum reports as follows as to his present condition:

"STATE OF NEW YORK—CENTRAL ISLIP STATE HOSPITAL,
CENTRAL ISLIP, LONG ISLAND.

In re A. M. T.

Dr. V. C. Pedersen,

45 West Ninth Street, New York City.

Dear Doctor:—

Referring to your letter of recent date regarding the above patient, would state that during his residence here he has not suffered any discomfort from his urethral condition. Over one year and a half ago, while at Ward's Island, he was treated with sounds, but this treatment has not been required here.

He is a case of dementia praecox of the paranoid type, and not a suitable patient to examine with instruments, except under an anesthetic, for he is very excitable, resistive and assaulting.

Very truly yours,

(Signed)

G. A. SMITH, Superintendent."

Not the least of this poor patient's calamity is the fact that his infirmity has necessarily nonsuited him in his claim for damages against the druggist who was responsible for this very pathetic blunder. A remarkable feature of this case is the fact that notwithstanding the intense damage to the urethra the patient even now has comparatively little obstruction, altho the first four or five inches are converted into a solid cicatricial mass.

The case seems sufficiently unique to merit individual publication.

Hard as Steel, but.....

[A Splinter from Life.]

BY CHARLES JOSIAH ADAMS, D. D., ROSSVILLE, S. I., NEW YORK.

There was a knock at the door of the study. The rector responded permissively. A woman entered. The rector came to his feet. One of his sentiments was that whoever wears trousers owes something to whoever wears petticoats. He requested her to be seated as courteously as if she had belonged to some other

class. At this she was so surprised that the fruit on her peach-basket hat danced as she complied. She settled her flounces and furbelows about her still lithe tho emaciated form, and remained silent, her wasted lips slightly parted, her pinched features expressing expectation.

The rector regarded her benevolently. She was almost at her ease. Seeing this:

"What can I do for you, my dear?" he asked.

His tone was very kindly. It could not have been so kindly had it not come out of a kindly nature. But it came of something else as well. The rector had long been professionally kind. Could the world come on without such men?

Dropping her eyes to the toe of one of her high-heeled, low-vamped, tan-colored shoes: "I hardly know how to tell you without taking too much of your time, Doctor Emberson!" she replied, huskily, but not so much so that it did not strike the rector that thru proper treatment her voice might be restored to something of a primitive sweetness of which there was in it a hint.

"I'm at your disposal", she was assured, with an inflection which indicated that she should not take more time than necessary.

"Where shall I begin?"—with an emphasis which showed that she understood.

"At the beginning!"—encouragingly. Out of a long experience the rector knew that the shortest story is the one which begins and goes on logically.

She complied: "The earliest things I remember are quarrels. Or a quarrel. It was a continuous performance. My father and mother were always quarreling. Finally he struck her. Then she left him, leading me. We came near starving. We would've starved had it not been for a man we met on the street. His name was O'Donnell..."

"By the way, you haven't told me your name!" the rector interrupted.

"Schwartz—Rose Schwartz", was the prompt answer.

"Your father was German?"

"As German as his name!"

"What was your mother's maiden name?"

"Petersen."

"Scandinavian?"

"As her name!"

"Out of the mixing of the races there may come a better race", the rector mused; "but would there be so much matrimonial trouble in this free land of ours were there less mingling of the peoples?"

"Fh?"

"Please go on with your story."

"Mr. O'Donnell took us to a very nicely furnished flat, in a part of the city at a distance from where we had lived, and gave mother money to buy outfits for us, food and everything

else necessary. That was the beginning of a new life for us. It lasted for six years. Mr. O'Donnell was always generous, and mostly kind. But sometimes he was cruel. He didn't like me. I believe he couldn't've endured me if I had spoken the English incorrectly. He was a crank about grammar."

"Mr. O'Donnell was Irish?"

"As his name!"—with a laugh.

"That accounts for it!"

Rose looked puzzled.

"Were the average Irish gentleman as careful as to his morals as he is as to his English, he'd be a model!" The rector smiled.

"I remember passages," Miss Schwartz continued, "between mother and Mr. O'Donnell which seem to me to make it sure that they would have married had my father not appeared on the scene while a lover's quarrel was on between them. His dislike of me came probably of my not being his daughter. But he never injured me with anything but words. The same wasn't true of my mother. I've known him to strike her, beat her, kick her. But when he came again, no matter how he had maltreated her, she would greet him with a smile. I couldn't understand this. I remembered my father's treatment of her. It wasn't half as bad as that of Mr. O'Donnell. She had left my father. Why didn't she leave Mr. O'Donnell? I one day asked her.

"'Oh, your father was my husband!' she replied laughing. But the laugh was not a hearty one. At the time she was in bed, from injuries she'd received from the toe of Mr. O'Donnell's boot. That was the worst punishment he had ever given her. She never recovered from it. She grew better. Grew worse. Grew better. Grew worse. Finally there was no growing better, but a growing worse and worse, till she died. It was found afterwards that something within her had been broken by something which had struck her in the side. I knew what it was. But I never told. What was the use? What good would it do?"

The doctor sighed. He knew the dreary hopelessness of the state of mind out of which such questions come. A border of his parish touched a region inhabited by folk with whom events have gone hard. The women of that region had his sympathy. Most of his tears were shed over the little girls who grow into such women.

"After he had done her up," Rose went on, "he never came to see her. But he left us in the flat and sent plenty o' spuds for us to get along on. He's dead too now. If he were alive I wouldn't be what I am!"—with a shudder. "I've never known certainly why, but, mother gone, he placed me in a school. Maybe it was because I didn't squeal on him. But I wasn't there long. For very soon he kicked the bucket."

"So," she proceeded, "I had to go to work. The only place at which they employed girls of which I knew anything was the factory of '*Horne's Corn Eradicator*.' And about all I knew of

it was that I was accustomed to seeing its employees going to and from their work. It was not far from the flat in which Mr. O'Donnell had housed mother and me. I went there and saw the foreladies of the departments, one after the other. Each of them looked me over. None of them wanted a girl. They told me so with the same look. It couldn't have been more so had they been of the same litter. I had entered thru the office, and started to depart the same way. As I was going out, a sprightly little old man entered thru the front door. His eyes caught me and he walked right up to me.

"What do you want?" he popped at me.

"Work!" I popped back.

"Have you seen any of the foreladies?"

"All of them!"

"Come!" he ordered.

"I followed him back to where I had been. Marching up to the first forelady he saw—who happened to be the one in charge of the box-filling department: 'Take this young lady on!' he directed, in his queer little squeak of a voice.

"When, at the end of the week, I got my envelope, I was surprised at how little it contained; and I had put the week in all but a third of a day, which I had missed thru being so played out that I overslept one morning: I had never done a day's work in my life before I entered that factory. At the end of the following week there was a quarter more in my envelope. Of this week I hadn't missed a minute. I knew better. The tardiness of one day of the week before had nearly lost me my job. The reprimand which I received from my forelady was very severe. She threatened to discharge me. She'd 've done so if she had dared. I saw her enter the inner office. She came out looking as if she had been scared by a mouse or something. I remained.

"You were getting seventy five cents a day!" said the rector, in the tone of a sociologist, indignant over something of which he has long been aware.

"But," said Rose, "there was in this envelope a request that I step into the office. I did so. From there I was shown into the private-office, bookkeepers and typewriters and office-boys glancing at each other and grinning and winking as I went. The door closed after me, and I was alone with the little old Varmint who had ordered me taken on. He wanted to know where I lived. I hesitated. I had taken a room where one could be gotten most cheaply. But I told him. He seemed to be pleased, and said that he was about to go in that direction in his automobile. I accepted the lift. We passed thru the office together, and I had my revenge. No one dared to glance, or grin, or wink. In the machine Mr. Horne and I had a conversation. He had his chauffeur stop in front of my number till I had tidied up a bit. We had dinner together, which was good enough, but which might have been better without breaking the man who set it up. It was rather late when I got back to my room—very late, taking

into the account the age of the old Wretch who had been with me. The next morning when I entered the boxing-department the girls looked at me as if they were about to giggle. But they didn't. My forelady attended to that. You'd've thought that I was a lady from the way in which she treated me. And she didn't treat me any better than did the other foreladies when they happened to meet me. Nor did they treat me any better than did the people in the office, when, the day's work over, I passed thru it to the private office. My old spark was awaiting me."

"And were you to be out together that evening as you had been the evening before?" asked the doctor, in the same tone in which he had exclaimed over the amount of the day's wage.

"Sure!" said Rose, not brazenly, but with an intonation which asked whether anything else was to be expected.

She continued: "When it was all over between the old skin-flint and myself, I had a few trinkets, a few cheap dresses and was out of a job. I hunted hard enough, but couldn't find any. I used to live mostly on ice-cream soda. A clerk in the corner drug-store was a good friend of mine, and he'd let me have soda without a nickel or check. Once I met a young man there, he was a nice man. He followed me as I left the store, and 'the funny-look' came into his face. I recognized it, tho I hadn't seen it so often by a long shot as I have since. I gave him the cold-face and started for my room. He walked ahead, crossed the street, kept on, recrossed ahead of me, met me, and regave me the funny-look. It was more pronounced than it was at first. I gave him the icy-eye. This didn't discourage him. As I walked on, I heard footsteps following. I looked back. If he had been in a hurry he had forgotten it.

"He was a suburbanite. He told me afterwards that he had caught the theater-train home, that on it he had met a young lady in whom he was very much interested, and that something had happened which he would've considered very unfortunate if he hadn't met me. We became great friends. And I thought he was my steady.

"It wasn't long, however, notwithstanding the consolation which I afforded him, before he came to me less frequently. After this it was not long before I saw him but once in a while. Then he came only at long intervals. Then he ceased coming at all. It wasn't very long, before I had almost forgotten how to give the cold-face and the icy-eye.

"I met him on the street one day. He did not notice me. I followed him. I have discovered that he and the young lady of the theater-train are again sweet on each other. That's the reason I'm here, doctor. That young lady's a parishioner of yours, and....."

The buzzer was going again. The doctor touched his button. He signaled that he was engaged. A raw maid had not understood. The door of the den opened, and a young man entered.

Both the doctor and Rose started. There was that in his manner which makes it unnecessary that a young man tell his mission. It means that he has been commissioned..... that the dearest girl on earth has..... There is no need that the sentence be filled in or finished to either a clergyman or a woman who happens to be present.

Rose was on her feet in a flash—something in her hand—a hatpin.

And the doctor was on his feet also, almost as soon. "Give me that!" he commanded, with a sternness of which there was no hint of even possibility in his ordinary kindly, quizzical expression.

It was given. "And be seated!" he added.

And the chair was retaken. There is nothing so compelling as the self assertion of the gentle.

There was another door to the den, shielded by a screen. Thru this the housekeeper entered, and back thru it she bore Rose, crooning:

"Poor little thing! I was once a factory-girl myself, and not bad looking, if you can believe it. But I was saved from the street by that..... He seems to me more than a man!"—indicating the doctor by a nod over her shoulder. "And I'll save you, if you'll allow me!"

"Allow you!" sobbed Rose. "But how?"

"Need an upstairs' girl."

"What'll the doctor say?"

"Oh, he's as good as gold and soft as butter!"

"And as hard as steel!"

"With one who'd do wrong!"

"Have I ever done anything but wrong?"

"You can try to do right!"

"And I shall!"

"The wrong the doctor's hard on isn't the wrong that's been done, but the one that's about to be done!"

Rose met the young man who had so unexpectedly come on her in the rector's study once more, but once more. To accommodate the down-stairs girl she one evening had charge of the reception-room. He came down from the study. They had to face each other. The scene might have been more violent had the meeting taken place elsewhere. When he was a little calmed, he seemed to be aware that he was not blameless. What she learned was that the rector had refused to either perform the ceremony or allow it to be performed without a clean bill of health to the proposed bridegroom from a specialist—a particular specialist, with whom he, the rector, was acquainted and in whom he had absolute faith. The ceremony had not yet taken place.

Dit it ever take place?

The relator does not know. All that he knows is that neither the doctor in divinity nor the doctor in medicine involved is a man to be fooled or to be swerved from the straight line of duty.

Why We Need Rational Education.

BY DR. SOLOMON BAUCH.

Teachers and educators who have given thought to the subject of libertarian education have never found it necessary to seek for causes other than this—that the child under present systems is fettered to tradition, custom, force, discipline and religion. No radical or rational man will doubt that these are great obstacles to the free mental and physical development of the child. The arguments advanced in this paper will, we hope, not only stimulate earnest thought on the part of the teachers, sympathizers and all who are interested in education, it will also, we hope, encourage the demand for an immediate radical change in the present educational methods. The conditions it must be remembered cannot be ameliorated simply by reform. A complete revolution is necessary—the destruction of the old to make place for the new. (1) [The figures refer to our comments.]

Did it ever occur to the reader that a number of diseases can be traced to the present system of education? We employ the term education in the broad sense, the education of the home, the school and the shop.

Any intelligent physician if candid will admit the truth of the following: Eye affections, "St. Vitus's Dance" anemias, susceptibilities to eruptive and hectic fevers, curvature of the spine, painful menstruation are all due to the present methods of education. They are the result of the knowledge received by the child from the ignorance of its mother, false information of the pedagogue and the moral codes of our Puritans. We shall endeavor to be more explicit.

We shall not dwell upon congenital eye trouble here at length which in fact, is graver than those we are to describe, but has only an indirect bearing on our present topic. Furthermore, should we remind Comstock that it would be necessary to employ such terms as Gonorrhoea or Syphilis as causes of such eye affections, the Joliet prison gates would immediately be ready to devour us. (2)

Acquired eye affections are so common as to cause a feeling of horror in one knowing the facts. Why should a child at the age of six, eight or twelve be afflicted with eye disease? The answer is evident. The excessive reading and writing in school and out of it, as home work, weakens the eyes of a great majority of the children. The undisputed fact remains, which everybody can see, that much youngsters have to wear eyeglasses. (3) We know that almost all children eat sweets, because their parents do not know the harm it entails for them to indulge in the eating of candies to excess. (4) They should know that almost every child suffers at one time or another from an inflammation of the cornea of the eye (technically called keratitis) which is directly traceable in the majority of cases to excessive candy eating. (5)

Another disease quite as serious is a nervousness which

the child manifests between the ages of eight and sixteen called "Chorea Minor or St. Vitus's dance." The causes of this trouble are insufficient sunshine, poor air, malnutrition, and mental and physical strain. The school certainly supplies all these in abundance. It is a miracle that we do not find every child afflicted with this disease. The worst feature in this disease is that the heart is the main sufferer for the child may remain with a leak in its heart for life.

Tuberculosis and Pneumonia are spoken of lightly but they are sad realities. (6) The low resistance of the child brought about by the miserable conditions of the school create these horrible plagues. These conditions are: long hours of confinement, candy for lunch, retention of urine and feces, home lessons, piano lessons, dish washing, at times floor scrubbing, fear of both parents and teacher and emulation. Above all, the greatest harm comes from the fact that the child is kept inactive, both mentally and physically—physically, because it does not get enough the necessary outdoor exercises, mentally, because it is never allowed to think for itself.

Curvature of the spine is a serious handicap to those who wish to participate in the varied activities of life. It debars them from the enjoyment of those exercises in which they might otherwise participate. It frequently results from the load of books which the child is compelled to cart to and from school. Parents who are not observant do not realize this, yet it is too true.

Constant sitting as is the practice in school has given the physician an opportunity to coin a phrase, "Student's Bursitis," which means the formation of blisters on the buttocks.

Now we come to something very important, the most important of all the affections so far considered, painful menstruation of the virgin, or as it is medically termed "Neurotrophic Dysmenorrhoea." It is due to malnutrition of the Uterus which in turn is due to malnutrition in the general system—the same sad story, poor air, insufficient sun, lack of exercise and too much mental strain. This affliction gives the young maiden excruciating and agonizing pain, sometimes leading to despair. Almost every American high school girl will vouch that we are right. The possible result from such trouble may lead the poor victim to a condition of hysteria neurasthenia or nymphomania which is simply insane sexual desire.

A similar fate befalls our shop girl who, in ignorance of her system and its functions, often commits acts detrimental to her life. She may well thank her Mother's ignorance, the present system of the school and St. Anthony's modesty for this. The results of the abuse of the wonderful organs of reproduction may range from the simple practice of onanism to insanity, from conceiving a progeny which is not expected and not desired, (though very much so by our Lord Roosevelt) to the reckless abuse of these organs by prostituting them or rendering them absolutely frigid and sterile.

These are some of the many evils that result from our present schools, our homes and our pulpits. The school would rather cram the minds of the frail, weak youngsters with dates and names of barbarians and murderers, than give them ample time and space to develop their bodies and minds. If teaching is necessary for the child, it should be only as a guide to know oneself and to take care of oneself. The so called education given to-day stunts the youthful soul. It robs the youth of his energy, his strength and his will to live. We can will to live in freedom only and not in bondage; in health and not in disease. Freedom and health we can hope to find only in modern radical education.

Solomon said: "Teach the child the way it would go." That is, learn from the child how best you may lead it along the path it has chosen, but do not force upon it either yourself or disease.

We print the above paper, without any changes or corrections, just as it was sent in. The writer asked or rather challenged us to criticize it. There is very little to criticize in it, because it contains intrinsically very little. The writer says that our present system of education is conducive to certain bodily disorders—something which nobody had thought of denying—and we therefore must have "rational," "libertarian" education. But what he means by rational or libertarian education (he uses the two terms as if they were synonymous, which they most certainly are not; for many people may consider the so-called libertarian education the most irrational education imaginable), he tells us not. This omission makes the paper practically valueless, for how can people be sure that the remedy that he proposes is not worse than the disease? This is our general criticism; a few special points may be touched upon, as illustrating the general carelessness and lack of exactness in the writings or verbal statements of a certain type of radical.

(1) Why cannot the conditions be ameliorated by reform? Where is the proof of it? "A complete revolution is necessary." A mere assertion without any proof. On the contrary, it is reforms that we need, and not a "revolution."

(2) This is not true. The words gonorrhea and syphilis may now be used freely, even in lay magazines exposed at the newsstands. As an example we need only refer the author to the article *The Passing of Prudery* which appeared in Pearson's magazine for October. The language used there is as strong and as free as that used in any medical journal, intended for the medical profession exclusively. It is certainly as strong as any article that ever appeared in *The Critic* and *Guide*. And still it is sold freely and is sent thru the mails freely. Things used to be pretty bad, but the world is moving, and our propaganda has borne fruit. And it is no use exaggerating and

distorting things. There are very very few things of a scientific character relating to sexual disorders and venereal diseases that can not be circulated now. Only the vile, the obscene, the distinctly pornographic is excluded, *and it is perfectly right it should be so.*

(3) It is true that our eyes were not originally intended by nature for close work such as reading, writing or sewing, but if education and learning can only be acquired at the expense of the acuteness of our vision, then the sacrifice is well worth while. I would rather have great scientists, writers, philosophers and inventors with shortsighted and astigmatic eyes than big healthy ignoramuses with acute unimpaired vision. I would rather have a Darwin, a Virchow, a Ehrlich and a Loeb with glasses, than a prizefighter or baseball player without any.

(4) Eating pure candies is not injurious; eating candies to excess is injurious, but so is eating *anything* to excess injurious. Eating bread to excess is also injurious.

(5) Two ridiculous statements are contained in this one sentence, and how a physician (at least we assume that the writer is one) can make such statements is beyond our understanding. To say that "almost *every* child suffers at one time or another from an inflammation of the cornea," is so absurd as to border on the grotesque. We would certainly be in a bad fix, if almost *every* child suffered at one time or another from keratitis. We would be a nation of blind and semi-blind. *Almost every* child means say about ninety-five or ninety per cent. As a matter of fact, not fifty, not twenty-five, not ten, not even five percent of our children suffer with keratitis. And to say that keratitis is in the majority of cases traceable to excessive candy eating, is simply delicious. Where the author got his etiology we do not know. Candy eating has as much relation to keratitis as it has to corns.

(6) It is the first time that we hear that "tuberculosis and pneumonia are spoken of lightly." By whom? On the contrary if there are any diseases that fill the laity, and the physician as well, with dread, they are tuberculosis and pneumonia. But the writer is confused in his medical knowledge. School children are not particularly liable to pneumonia. One form of pneumonia (lobular) attacks the young children before they go to school, while lobar pneumonia attacks chiefly adults, and the most robust adult may fall a victim to it.

A good deal more could be said, but time and space are precious. The reason I did devote as much space to it as I have, is because it is a *type* of certain of our *advanced* writing. Our radicals undoubtedly mean well, but the writings of many of them are so full of inaccuracies, misstatements and exaggerations, that they disgust the intelligent and critical reader. Their education is either too elementary or they are too lazy to look up original sources. They take things not only second hand but tenth hand.

THERAPEUTIC GUIDE

Abstracts on Therapeutic Subjects, Interspersed with Diagnostic
Points and Interesting Medical and
Historical Facts.

Disinfection by Iodine.

The antiseptic preparation of an operative site with tincture of iodine has become so much the fashion that any hint relating to its successful application must prove of interest, says the New Orleans M. S. Jour.

An argument against the method is the irritation produced, ordinarily slight, it is true, but sometimes very pronounced, occasionally and unexpectedly serious.

The preventive consists in applying to the painted region a 5 per cent solution of hyposulphite of sodium. After the application of iodine, the surface is covered with a layer of absorbent cotton, and about five minutes later the cotton is soaked with the hyposulphite solution, warmed to about 140°. The iodine is changed to iodide of sodium by the solution, which removes the irritation, and, being itself practically a physiologic solution, it is painless even to wounds or to tissues other than the skin.

The idea is to be credited to Prof. L. Sabbatini, of the University of Padua. It is both simple and efficient in practice.

Insanity and Its Increase.

Dr. F. W. Mott, F. R. C. P., F. R. S., Pathologist to the London County Asylums, in the annual lecture of the Royal Sanitary Institute expressed the opinion (*Brit. Med. Jour.* No. 2680) that the reported great increase of insanity is more apparent than real. He believes that the statistics of insanity are swollen by the following causes: First, the standard of sanity has been raised, a great number who were formerly allowed at large are now gathered into asylums; second, an important cause of the increase of registered insane is that the death-rate in asylums has been greatly lowered by modern medical treatment; third, numbers of aged paupers suffering from senile decay who were formerly treated in the infirmaries are now sent to the asylums, where they can be better cared for.

He believes that a neuropathic heredity is the most fundamental cause of insanity. There are individuals born of sound stocks that no conditions—for example, drink, poisons engendered in the body or taken from without, head injuries, emotional shock, and profound misery, separately or even all combined—can render insane. Others from a neuropathic stock may be upset mentally by any one of these exciting causes or without any apparent cause except it be by a disturbance of the normal

physiological conditions of the sexual functions in adolescence, pregnancy or the climacteric period. The repression of the sexual instinct, with its attendant mental dejection or excitation is a powerful exciting cause of mental or nervous disorders.

The author notes the association of genius and mental unsoundness, attributing both, with Maudsley and Clouston, to an inborn tendency to variation from the normal. Thus genius is not always allied in essential kind to madness, but they are both apt to occur in the same families and stocks.

An apparently sound stock may in reality be unsound. Successful men in the eyes of the world may be really degenerates. Not infrequently so-called self-made men form the first step in the process of degeneration, the selfishness and moral guile by which they acquire wealth showing themselves in the children in the form of vicious habits and criminal propensities which bring them to prison or to the madhouse.

Nature shows a tendency to eliminate unsound stocks by concentrating the germinal determinants of insanity into a few of the offspring of unsound parents, with the result that when insanity occurs in the offspring it occurs with greater intensity and at a much earlier age. This is of importance in relation to the question of marriage, since there is a diminishing risk of the child of an insane parent becoming insane after he has passed 25. It is also important in connection with the question of sterilization, for the figures given by Dr. Mott show that when the first attack of insanity occurs in the parent the children for the most part have all been born.

If it can be shown that there is a correlation, says Dr. Mott, between insanity, tuberculosis, alcoholism, syphilis, and overcrowding in one-roomed tenements and insanitary dwellings, it might be asked whether public money would not be better expended in attempting to solve the housing question than in expending vast sums on sanatoriums and asylums in the hope of dealing with physical and mental degeneracy.

Retro-Pollutions or Pollutions into the Bladder.

A form of pollution that is not well-known and that is considerably more frequent than one would think is retro-pollution or pollution into the bladder. A patient will tell you that he has lascivious dreams, that he even thought he had an emission and still he found no sign of it when he woke up. When you examine the first morning urine of such a patient, you may find it full of semen. It settles down quickly from the turbid urine in the form of a cloud or a gelatinous mass, but one experienced can at once detect it, even without any microscopic examination. Looking at the urine is sufficient. People who suffer with atonic pollutions, unaccompanied by any dreams also have the semen not unfrequently regurgitated into the bladder. They may thus have pollutions for a long time and not be aware of them. In fact they will tell you that they used to suffer with pollutions,

but now they stopped, but nevertheless they wake up in the morning terribly exhausted and depressed. Only an examination of the morning urine reveals to the physician the existence of this dangerous form of pollution.

This form of pollution may occur under two conditions. It may be due to a tight or spasmodic stricture. The semen may be sent out with force but meeting an obstruction, it goes into the path of least resistance. Or it may occur in atonic pollutions, when there is practically no erection, and the semen being emitted without any force, runs back into the bladder. And when a patient complains of waking in the morning tired or exhausted and of other symptoms suggesting pollutions, but affirms that he has no pollutions, his morning urine should be examined for semen. Some emissions take place partly externally and partly into the bladder. We generally order our gonorrheal patients to come in the morning with a full bladder. On examining the urine for shreds, we often find some semen too, and to the question: Have you had a pollution last night, the answer is generally in the affirmative.

Another form of pollution is to be mentioned: masturbating pollution. Confirmed masturbators from the habit of handling their genitals, often do the same thing unconsciously in their sleep. They either wake when it is all over, and then they think that they are the victims of pollutions or they wake with their hands still manipulating the organ. Of course, here we really are not dealing with pollution but with unconscious or involuntary masturbation.

Instinct in Customs of Diet and Food Preparation.

It is a curious and almost inexplicable fact that there are certain dietetic customs, without any historic association but frequently with an underlying common physiologic significance, which have been practiced in common for years by untutored people at various places on the earth. This is true, for example, of the use of tea, coffee and the cacao products, which originated in the most diverse geographic regions, yet is undoubtedly based on an identical physiologic effect probably associated with the methylated purins, notably caffeine, which they all contain. Thus instinctively in widely separated countries individuals unrelated by common racial bonds have sought precisely the same stimulants hidden, in the different cases, in plants of widely different botanic characteristics. A somewhat similar story might be told of the unconnected ways in which alcoholic beverages have found ready manufacture in diverse countries and a wide-spread use among peoples who have never experienced any intercommunication which might lead to the introduction of common habits of living. A most interesting instance of the instinctive solution of a chemical problem and the satisfaction of a dietetic need is found in the naive use of "male" and "female" salt by certain tribes in the interior of Africa. Several hundred miles up the Atbara

River salt is extracted, by leaching with water and boiling down in the usual way, from earths which contain only a little over 2 per cent. The natives employ for this purpose two different earths, one of which contains what they term the "male" and the other the "female" salt. They believe that neither of these is edible alone, but that if the earths are mixed a good quality of salt is furnished. Analyses made some years ago in the Wellcome Research Laboratories at Khartoum bore out these statements. The "male" salt contains such a large proportion of sodium sulphate as would render it of little use as table salt. Similarly the "female" salt contains an excessive proportion of calcium chlorid. The "male" and "female" earths, when combined, unite to form calcium sulphate which precipitates on evaporation, leaving the common salt, sodium chlorid, in the mother liquor. The outcome is ideal from the standpoint of dietetics. How are such unique practices initiated in regions where a knowledge of both chemistry and physiology is as unknown as the x-ray was to our ancestors?— Edit. J. A. M. A.

Helping the Unfit.

The social reform that has been concerned with the improvement of the conditions of life has had the altogether unexpected and undesired result of increasing the burden it was intended to remove. Not only are we making the way smooth for the fit, in even greater measure we are making it smooth for the unfit. We have been helping the unfit to compete with the fit. We have been encouraging them to propagate their kind—to pass on their unfitness to future generations. We have been expending enormous enthusiasm, labor and money in improving the conditions of life with the notion in our heads that we should thereby be improving life itself, and after seventy years we find no convincing proof that the quality of our people is one whit better than it was when, for a large part, they lived in filth, were ravaged by disease, bred at random, soaked themselves in alcohol, and took no thought of the morrow. Our boasted social reform, we are thus tempted to think, has been a matter of bricks and mortar—a piling up of hospitals, asylums, prisons, and workhouses—while our comparatively sober habits may be merely a sign of the quietly valetudinarian way of life imposed on a race which no longer possess the stamina to withstand excess.—*Harve'ock Ellis*,

Quacks in Germany Heavily Fined.

The owner and director of the Bilz Physical Culture Sanitarium in Radebeul (Dresden) were condemned to pay a fine of 1500 Marks and then 2400 Marks annually to a patient whom they had been treating during three months by natural methods. The patient was suffering with syphilitic iritis, which as is well known yields readily to proper treatment. As a result of the treatment by the quacks, she became absolutely blind on one eye, and almost blind on the other.

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THE MEDICO-PHARMACEUTICAL

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It is better to make a mistake in trying to tell the truth
Than never to tell the truth for fear of making a mistake.

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EDITORIALS AND EDITORIALETTES

A KINDLY SUGGESTION.

As the year is drawing to a close, and as most of the subscriptions to THE CRITIC AND GUIDE expire when the year expires, we would be very grateful to our readers if they would remit without waiting for a bill. Just remit One Dollar for a year, Three Dollars for four years or Ten Dollars for life. And while remitting you may add \$2.00 for Sexual Problems of To-day or \$1.00 for Never Told Tales.

OUR PITIFULLY INADEQUATE REFORMERS.

At the last meeting of the American Medical Association in the section on Preventive Medicine and Public Health, Prof. Robert N. Willson of Philadelphia, read a paper on "The Eradication of Social Diseases in Large Cities". The paper is published in the J. A. M. A. for September 21st. Prof. Willson is a sincere, high minded man—of this there is no question. But his paper is a sad illustration of the inadequacy of most of our would-be reformers. It illustrates beautifully how strong our reformers are in describing the various evils, but how pitifully weak they are when it comes to suggesting remedies. Prof. Willson has given the subject of prostitution considerable attention for many years and one would think that the study of the history of prostitution from the very beginning of history would have taught him something. Alas—this is not the case. Read his paper and you will see that his principal remedy is the same remedy that has been tried with such miserable results so many

times before, in ancient, mediæval and modern times. This remedy is that the people unite with the public officials and close up every house of prostitution and drive every prostitute out of the city. Here is what Prof. Willson says:

"Every public prostitute and street-walker ought to be accurately known to the police officials. Her exit from a particular city is not a matter of difficulty when this end is desired. A definite notice that she is to cease plying her trade, [how will she live?] with the realization that the notice requires attention and observance, is all that is necessary. Nor need she return until the authorities desire or permit her reappearance. When all cities take this matter in hand there will be none that will harbor an acknowledged public woman or house of ill fame, nor one that will permit the presence of soliciting men and women—usually foci of contagious disease—on its streets."

Leaving aside the non-feasibility of such a measure, assuming that such a procedure would be successfully applied, this success would only lead to greater misery, to more disease, and more deaths. Because it follows as surely as a mathematical proposition, that a diminution of public prostitution is invariably followed by increase in clandestine prostitution. And that clandestine prostitution is a greater evil than public house prostitution is admitted by everybody who has given the subject any study. In Europe it is a well known fact that the greatest danger of infection is not from public houses, but from clandestine prostitutes, and semi-prostitutes, such as waitresses, manicures, sales-girls, chorus girls, etc. The reason is easy to understand. The public prostitute whose sole means of livelihood is her trade, and who is subjected to frequent examinations by the city physicians, is anxious to keep healthy and she has both the means and the facilities for using sanitary precautions both before and after. The clandestine or occasional prostitute has neither the knowledge nor the facilities. As a matter of fact Prof. Willson himself, in the discussion following the reading of his paper admitted that the clandestine prostitute was a greater source of danger. Here are his exact words:

"I omitted an extended discussion of clandestine prostitution from my paper, since it is too large a subject. It is an important field and *the largest number of venereal infections probably spring from it.* [Italics mine.] Its consideration does not properly form a branch of public hygiene and is rather a social problem, one of education and sociology, and especially a question of home surroundings and home management. Whether we will ever handle it properly is a matter for Providence [!] to decide. *The clandestine prostitute is more dangerous even than the professed public woman,* [Italics mine] tho there is no prostitute more than a few weeks at her trade without infection from one or both of the social diseases."

If this is the case, if Prof. Willson admits that the clandestine prostitute is more dangerous than the professed public

woman, then why should the closing up of the brothels and the driving out of every public woman of the city eradicate social diseases? And if the diminution of public prostitution leads inevitably to an increase in clandestine prostitution, and if the latter is more dangerous than the former, then will not rather Dr. Willson's reform tend to an increase in venereal morbidity? We should very much like Dr. Willson to answer the question. We do not expect however that he will. A man who in dealing with social and economic questions says *that it is a matter for Providence to decide* (see quotation above), cannot be expected to answer practical questions in a practical manner. But Dr. Willson's entire trend of thought can be seen from the fact that he is opposed to letting it be known that there is such a thing as a venereal prophylactic. In the same discussion he said: "I think the matter suggested of telling our young people, as in the Navy, [and in the Army] that there is a possible prophylaxis would be most unfortunate. I think it is morally unwise, unnecessary, and an invitation in the wrong direction. Moreover there is no certain preventive." [Which is not so, but I will not discuss this point at the present time].

There is one other measure advocated by Dr. Willson, which I am perfectly sure would have just the contrary effect to the one expected. I refer to the matter so dear to some of our reformers,—reporting gonorrhea and syphilis to the Board of Health. I am absolutely certain that this would in many instances keep away patients from applying to ethical physicians and would drive them to quacks and charlatans, to druggists and barbers. Placing gonorrhea and syphilis in the same category as small-pox, typhoid fever and tuberculosis only shows the muddleheadedness of our would-be reformers. In one place Dr. Willson himself seems to be at the point of seeing the danger of the "reporting measure," for he says:

"The exaggerated fear of public exposure means simply and surely an endless chain of infection." But he suddenly turns in an utterly illogical and non-sequential manner and finishes by saying that this "will cease only when the social diseases are placed where they should be,—in the light of day beside and in the same category with similar contagions such as small-pox, typhoid fever and tuberculosis."

Another measure that Dr. Willson proposes is, of course, the pet measure of sexual education. "Beginning with the teaching," says Dr. Willson, "of normal sex hygiene to little children at the mother's knee, thru the medium of the flowers, and soon thru the lower and then the higher forms of animal life—always emphasizing the sacred duty and privilege of reproducing one's kind, and of equipping the body and mind far in advance for this duty—beginning with this primitive, but essential ground-teaching, we can advance thru the public and private school to the later sociologic training of the adult citizen."

Of course I am in favor of sexual instruction, but not for a moment do I believe that instruction "thru the medium of flowers and soon thru lower and then higher forms of animal life" will in any way tend to diminish the sexual instinct, or help to hold in check the sexual cravings of the boy or girl. On the contrary, I am heretic enough to believe and to assert that in some or perhaps many instances the sexual instruction would lead to premature awakening of the sexual desire, where otherwise it would have perhaps remained dormant a year or two or three longer.

One more little criticism and I will be thru. The very title of Dr. Willson's address shows his unmistakable prudishness. Why refer to venereal and sexual disease as "social" diseases? They are not any more social than is, for instance, tuberculosis or typhoid fever, and when speaking of them one should refer to them by their right names.

There is only one measure proposed by Dr. Willson which has our most hearty approval. This is a measure which we advocated long ago and which refers to the furnishing by every city of special wards in all the hospitals for private and free treatment of venereal disease. We need such a hospital not only for the proper treatment of diseased prostitutes, but also for the competent treatment of respectable men and women who have had the misfortune to become venereally infected and who cannot afford to be treated by competent and expensive specialists. It is an extremely sad fact, but it is true that the treatment which venereal and sexual patients receive at the present time in most of our dispensaries and at the hands of many general practitioners is exceedingly inadequate, often useless and sometimes worse than useless.

I have devoted so much space to Dr. Willson's paper, not because the paper is in any way unique or peculiar, but just because it is the other way,—because it is typical of the attitude of almost all our sexual reformers, represented in our Societies for Moral and Sanitary Prophylaxis. They are men who are willing and anxious to do good, but on account of early training are unable to shake off their prudishness and adopt a strictly scientific attitude or, on account of advanced years (and dead or dying libido) are unable to see things in their proper light.

A SERUM TEST OF PREGNANCY.

It seems quite probable that within a short time we will have a positive and reliable serodiagnostics test for pregnancy. According to Fieux and Mauriac the test is positive in the second and third months of pregnancy, and disappears entirely by the end of the fourth month. It was never positive with the blood of non-pregnant women.

Our tests for pregnancy in the first and second months are very imperfect, and any additional reliable tests for the early months will be highly welcome.

THE JUKES FAMILY.

I shall offer a life subscription to any one who has written or will write on vicious heredity without mentioning or in any way referring to the "notorious" Jukes family. I believe the descendants of that family should be granted a liberal pension for having served as a terrible example to so many amateur, quasi and would be eugenisists.

IS THERE A CAUSAL CONNECTION BETWEEN SYPHILIS AND RICKETS?

We doubt it. But some physicians, most prominently among them, Marfon, do assume such a causal relationship. Recently an Italian physician, Caffarena, obtained a positive Wassermann reaction in 6 out of 20 rachitic children, i. e. in 30 per cent., and in 40 per cent. of some other members of the families to which the children belonged. Under specific treatment the rachitis improved. We repeat, we doubt that there is any relationship between syphilis and rachitis, but we give Dr. Caffarena's observations for what they are worth.

HE ACTED ACCORDING TO THE LIGHT THAT WAS IN HIM AND HE NEVER TALKED TO THE GALLERY.

In the midst of the busiest thoroughfare in Berlin where human life is at its highest, where the sea of men and women is ceaselessly flowing, where the rattle and clangor of cabs and carriages and taxis and cars and buses produce a never ceasing noise, you open a little gate and you are in the midst of peace and silence; you are in the city of the dead. For in the centre of the famous Friedrichstrasse there is an old old cemetery. And it is pleasant occasionally—to me at least—from the nerve-racking bustle of life to take temporary refuge in the strifeless quietude of the habitation of Death.

I like to wander in cemeteries. My high-pressure matter-of-fact daily work has not succeeded in despoiling me of my sentimental romanticism, of which luckily I have a good share in my make-up.

And as I was reading the curious inscriptions on the curious monuments, as I was deciphering the eulogistic epitaphs on the weatherbeaten tombstones, I thought to myself: When my fitful dream is over, when my earthly work is done, and all that is left of me is laid to rest, I should like my friends to put the following epitaph on my tombstone: He acted according to the light that was in him, and he never talked to the gallery.

The first part of the sentence needs no explanation; the second—does. I consider talking to the gallery one of the meanest things a speaker or writer can be guilty of. Talking to the gallery means two things. First, it means patting your audience on the back, telling it that is the salt of the earth, the best, most useful, most intelligent portion of the community. I have never

been guilty of that. On the contrary I have seldom spoken to an audience, without pointing out to it its foibles, its faults, its weaknesses and its crimes. When I speak to workingmen and to socialists I point out to them wherein they sin against themselves and society; when I speak to a capitalist audience, I point out to them their sins against the working people and society in general. When I speak to the public I point out to it in what respect it is guilty as far as the medical profession is concerned; and when I speak to the latter I point out to its shortcomings towards the public. To the radical I try to prove that the conservative is not altogether in the wrong and he has even now his *raison d'être*; the conservative I try to convince that the radical has a mission and a message which he must listen to. And so on. My audiences do not like it. They are sometimes even furious (as they were the last time I spoke, May 31, 1912, before the Harlem Liberal Alliance). But I do not speak for the sake of applause. I speak for the sake of truth, and I take care to emphasize particularly *that* truth which I know will do the given audience the most good. I know I make many enemies this way. I know I could be immensely popular if I followed the average speaker. But so I am and so I shall remain.

The second thing that "talking to the gallery" means, means something much worse. It means appealing to the baser instincts in man, it means appealing to sentiment instead of to reason, it means appealing to the passions instead of the intelligence and logic. In short it means being a demagogue in the worst sense of the word. And of this I thank the fates, I have never, never been guilty, either.

And therefore when the fitful dream called life is over, when my work is done, and when my body is laid to rest, I want this epitaph inscribed on my tombstone:

He acted according to the light that was in him and he never talked to the gallery.

THE INSIDIOUSNESS OF KIDNEY DISEASE.

That persons may be victims of serious kidney trouble or of some other chronic disease and experience no disagreeable symptoms until the disease is fully established is a well known fact, but one which is not sufficiently appreciated by either the medical profession or the laity. It would save many a life if the laity were familiar with that fact and it would be a very desirable custom if everybody, say beyond the age of thirty, had his or her urine examined every six months. The urinary examination is a simple thing, causes no discomfort and is cheap and often gives valuable information of present or approaching disease, slight or serious. Overmodest and prudish women will often go on suffering with some internal trouble for many years because their excessive modesty cannot stand the shock of an examination by a physician. To have their urine examin-

ed they do not even have to undergo a personal examination. They merely need send in a specimen to the physician or to the laboratory.

There is nothing striking in the above but its importance has been again brought to my mind by three occurrences which took place within one month.

The first case is that of a man of thirty-eight who came to be treated for chronic posterior urethritis. On subjecting his urine to the heat and nitric acid test, to my surprise it contained a large amount of albumin. The presence of albumin does not frighten us very much nowadays because it is not considered of the same significance as it was twenty to thirty years ago. But this man's sample showed unmistakably a well established parenchymatous nephritis. Microscopic examination showed numerous granular and waxy casts. In short the first and subsequent examinations showed the man had a well advanced Bright's disease and still he had no notion that there was anything the matter with him. He said that he felt perfectly well, and but for the fact that he wanted to get rid of the shreds in his urine he would not have thought of consulting a physician.

The second case is that of a man of thirty-two who came to be treated for sexual impotence. He was rather obese which with the laity is unfortunately too often a sign of robustness and good health. And to the question how he felt in general his answer was: "fine." All that bothered him was that during the past six or eight months he noticed some sexual weakness; his erections were not as good as they used to be, and the ejaculations were premature. As it is my invariable rule to examine the urine of every patient no matter what his complaint may be, I asked him for a sample of urine and found that it contained a large amount of sugar. To the question whether he felt more thirsty and drank more water than he was in the habit of doing he answered that he was always in the habit of drinking a large amount of water,—that he thought it was a good thing as "Physical Culture" and various other popular health journals always recommended the drinking of large amounts of water daily. In short here we had a well established case of diabetes without the patient having the slightest suspicion of its existence.

The third case was that of a woman of thirty-five who according to her statement was feeling well in every way but woke up one morning with a peculiar sensation in one eye and found that she could not see well with that eye. She went to an eye specialist who immediately recognized the true and serious nature of the affection as that of retinitis albuminurica and told her that she was very very ill and that she should have her kidneys attended to at once. The examination showed her to be in a very far advanced stage of chronic nephritis.

There is no doubt that there are thousands and thousands

of cases in which the onset of the disease could be prevented or its progress stopped if the advice suggested at the beginning of this editorial, namely to have one's urine examined every six months, was followed. I am not unmindful of the fact that there is danger in this and it is not good to deal too much with one's body, and people, hypochondriacally disposed might become further confirmed in their hypochondrias if they were to subject themselves every few months to a physical examination. But the good of such examinations would very greatly outweigh these possible evil effects and of two evils we should always choose the lesser.

URETHRAL CHANCRES—THE DANGER OF OVERCOMING THEM.

I have called several times attention to the danger of over-looking chancres *within* the urethra. But a case seen by me a few days ago seems to show that the admonition to bear urethral chancres in mind, needs constant iteration and reiteration. The patient stated to me that he had been treated for gonorrhea for the last eight weeks. An indurated spot in the urethra, the gaping meatus and the extremely abundant sero-purulent discharge made me suspicious of the diagnosis of gonorrhea. The large indurated, indolent inguinal swellings made the diagnosis still more doubtful. An examination of the patient's body made the diagnosis perfectly clear. It was so clear that any tyro could have made the diagnosis.

Had the doctor examined the patient's naked body once only the diagnosis would have been as clear to him as to anybody, but he could not get away from his preconceived idea and the once decided-upon diagnosis. He started to treat the patient for gonorrhea, and it didn't come to his mind that it could be anything else. It is hard for a person to change the direction of the current of his own thoughts. It is due to this that changing doctors is sometimes so beneficial for the patient. It is quite probable that the doctor would have treated that patient for many months, or weeks at least, without seeing any other part of his body but the penis. Only abundant mucous patches or an eruption on the face might have made him ponder.

And all this is simply due to the fact that physicians do not sufficiently bear in mind that chancres of the meatus, and even of the deeper urethra, are not at all such rare occurrences. Nor are chancroids within the urethra so rare, and for the welfare of our patients we must always be on guard and bear in mind that a urethral discharge is not always due to the gonococcus of Neisser. The streptococcus, the bacillus of Ducrey and the spirochete of Schaudinn are also important factors in causing a running from the urethra.

A PROPHECY.

There will come a time—and it is not so far off—when the prevention of undesirable pregnancy will be as proper, as respectable and as much the function of the medical practitioner as is now the prevention of typhoid fever, diphtheria or tuberculosis.

MAYOR GAYNOR AND THE SOCIAL EVIL.

The mayors of the city of New York have almost without exception, been either political puppets devoid of any civic spirit, or men without any understanding of the problems of a large city. William J. Gaynor is New York's first real mayor. He takes a real interest in the city's welfare, he is non-partisan, and he has the courage of his convictions. And he certainly has a broader grasp of the city's problems and a more liberal outlook than do the clergymen of various denominations who, for some reason or other, consider him a proper subject for attack in their Sunday sermons. The mayor's letter which appeared in the newspapers of September 20, dealing with the reforms introduced during his administration, is a sufficient reply to his critics.

The paragraph dealing with prostitution is particularly worth reading, as it is the first time that a high public official dared to come out with such a sane and frank statement of the subject. For this reason, it is worth while reproducing here:

.....I come now to a mournful subject—namely, that of unfortunate women. They were in the world at the beginning of history—yes, at that border line where fable scarcely ceases and history hardly begins—and they are here yet. They will continue to be here until by the aid of moral teaching the hearts and propensities of men shall be subdued and made better. These women are what men made them. One of the chief causes of their resorting to such a manner of life is that very often they are paid wages which do not enable them to live. They are driven to it. Yet some of those who treat them in this way come forward periodically to proclaim the loudest and the most cruelly against them. If it were possible under the law to look all of these women up, which it is not, and we had places for their detention, which we have not, an equal number would promptly take their places.

We have to deal with them as best we can. The tendency is for such women to congregate in one or a few localities. To prevent this tendency and scatter them all over the city would be the worst thing that could happen. By their example, they would scandalize other women and girls all over the city and cause them to go astray. Dealing with them is a routine. I have never made any change in that routine. In other words, I have never adopted any new policy in respect to them. I did only one thing in respect of changing the method of enforcing the law with regard of them. Before I became Mayor it had for years been the custom to send policemen to drink wine and eat with such women and take them to the rooms of the houses in which they lived.

This was to get evidence. I issued orders that no policeman should be assigned to any such degrading service. To subject policemen to such temptation and degradation was an outrage. In past years I have gone over the literature on the subject of prostitution beginning with St. Augustine, and ending in our own times with Lecky in his "History of

European Morals." I wish that every man in New York who thinks that he would like to interfere with this subject would first read Lecky's great fifth chapter. I cannot forbear quoting this passage from him:

Under these circumstances there has arisen in society a figure which is certainly the most mournful, and, in some respects, the most awful upon which the eye of the moralist can dwell. * * * Herself the supreme type of vice, she is ultimately the most efficient guardian of virtue. But for her the unchallenged purity of countless happy homes would be polluted, and not a few who, in the pride of their untempted chastity, think of her with an indignant shudder, would have known the agony of remorse and despair. In that one degraded and ignoble form are concentrated the passions that might have filled the world with shame. She remains, while creeds and civilizations rise and fall, the eternal priestess of humanity, blasted for the sins of the people.

But let me forbear. The subject is one to weep over, rather than to bring into politics. And yet in this city, little politicians and investigators every few years, try to crawl into office over the bodies of these unfortunate women, or by starting a hue and cry about them. But none of them has ever succeeded.

Of course the pruders and hypocrites are shocked, tho lord knows, our mayor is puritanical enough. Another statement for which the mayor has been criticized is the one in which he discusses vice and says that "if a place is so decorous that no evidence against it can be obtained, then leave it alone." No saner statement has ever been made. And the European municipalities are just beginning to act in accordance with this suggestion. We have no right to pry behind closed doors. If no crimes are committed, if *public* decency is not offended, if no victims are enticed against their will—then hands off. But it will take our amateur reformers and moralists seven hundred years to perceive the difference between crime and so-called vice, and to learn that you can not make a community "moral" against its will.

I wish to call our readers' special attention to Dr. Jacobi's excellent paper in this issue.

THE LANGUAGE OF TRUTH IS SIMPLE.

A fellow passenger familiar with my work just complimented me on my "splendid" editorials and books. He never read anything so simple and yet so convincing, and so forth. I leaned back in my steamer chair and tried to answer the question why my modest writings, such as they are, carry their message so effectively and are found so interesting and so convincing by those who read them. I am not over conceited as to the literary quality of my work, but one thing I know: people find it interesting, want more of it, and from violent opponents they eventually become warm adherents.

I have asked myself and I have been asked by others the secret of my "success", and here I believe is the correct answer. Whatever I write has the human touch, the human throb in it; people feel that the stuff was written by a feeling, vibrating living personality, with understanding of the human frailties and

weaknesses and sympathy for human suffering. Herein resides the secret of the *interest* of my writings. The *convincing* power of my writings lies in their directness and simplicity. When I write I use no encyclopedia, no dictionary, no Roger's or Marsh's Thesaurus, no book of synonyms and antonyms, no collection of quotations. I write as I talk. And this I believe is not only the most honest, it is also the most convincing writing. I care more for the sense than for the sound.

Of course, immortal literature is not made that way. But I do not care for immortality and it is of little importance to me whether people a hundred years hence read what I write. What I want is to convince the present generation, the readers of *to-day*, and for this purpose simple direct writing is the best.

A LITERARY NOSTRUM CONSUMER.

He is a literary man, he has written quite some essays, literary and dramatic criticisms, and now his stories are attracting favorable attention. And he told me, in desiring to show me the seriousness of his condition, that he took a number of bottles of "Father John's Medicine" and hundreds and hundreds of "Make-Men Tablets," without any benefit. And he didn't change color when he said it, and he didn't understand the cause of the fleeting smile on my face. Oh, yes, and for those severe headaches of his he was taking frequently Orangeine powders.

Any wonder that the common ignorant people stuff themselves with quack nostrums, when cultured literary people consume them by the pound and gallon?

And when I told him that the medicines he was taking were fakes, that the claims made for them fraudulent, and that far from doing him good they were likely to have done him harm, he got very mad why the government permitted such humbugs to exist. And he thought they were guaranteed! As I said before many of the unsophisticated take the meaningless guarantee under the Pure Food and Drug law as a guarantee by the *government* of the purity and therapeutic value of the medicine.

An instance of a good law sometimes doing more harm than good.

CARNOPHOBIA OR THE FEAR OF MEAT.

In "The Dietetic and Hygienic Gazette" for November, Dr. G. Frank Lydston has a brief article on "Dietetic Fads and Proteinophobia." The article is brief but is full of common sense. The author justly criticises the restricted diet which is ordered by many physicians in many chronic diseases as tending to weaken the patient and further aggravating the disease. I can fully corroborate his statements concerning the use of meat in nephritis. To many a nephritic patient to whom his physician had forbidden the use of any kind of meat absolutely, I permitted the use of a flesh diet with the most favorable results. Not only did the general condition, anemia, the general strength,

etc. improve, but the condition of the kidneys was also improved. In permitting nephritic patients to eat meat, I pay no attention to the nonsense that we have been taught in our student days about red and white meats. One is no more injurious than the other. That meat must be consumed in moderation goes without saying. But moderation in eating meat must be followed even by healthy people.

Dr. Lydston relates the following experience which he had some twelve years ago in his own person. He was suffering from an attack of subacute nephritis resulting from gastro-intestinal disturbance. The prominent features were gastric derangement, edema of the extremities, and an extremely weak heart. Despite the fact that he ingested apparently sufficient quantities of milk and vegetables and cereals to sustain nutrition, the symptoms became more and more prominent. His consultant finally becoming alarmed by his cardiac weakness, prescribed heart tonics. Having begun to acquire some notions of his own regarding his condition and the treatment therefor, he informed his consultant that his cardiac muscle had been used to a meat diet. Furthermore, he was confident not only that the essentially nonproteid diet which had been prescribed was not being properly digested and assimilated, but also that his heart muscle was "crying for beef steaks and mutton chops". Very much to the disgust of his medical friend, he avowed his intention of following his own sweet will in the matter of diet, with the result that in three or four days there was a marked change for the better in all his symptoms, and he shall never forget the marvellously beneficial effects of his first rare beef steak taken against the advice of his consultant. He is quite certain that his patients have since derived enormous benefit from his own personal experience.

And he well concludes that, "theorizing aside, a weakened heart muscle and diseased kidney must be 'fed' and disaster is likely to result from adding semi-starvation to the dangers of chronic nephritis".

NEO-MALTHUSIANISM.

Every thinking man will agree that neo-malthusianism is at the present time not an unmixed blessing; that is just what we have been maintaining right along. So long as the well-to-do, the rich and the intellectual are in possession of the knowledge of the means for the prevention of conception, and will limit the number of their children to two, one or nothing, while the poor, ignorant, the shiftless and criminal will continue to breed indefinitely, racial deterioration is inevitable.

But what is the remedy? It is like with all knowledge,—a little knowledge is a dangerous thing; but the remedy for a little knowledge is *not less* knowledge but more *knowledge*. And so with the knowledge of the prevention of conception. It is useless to preach to the rich and intelligent classes urging them to propagate large numbers of children. They will simply pay no attention to this preaching. The real remedy is to spread this knowledge broadcast among those classes who are most in need of it, namely, the working classes and the poor. If this knowledge were universal among them, improvement in the general economic conditions with consequent racial improvement would be a matter of certainty.



For the CRITIC AND GUIDE.

Infanticide, Abortion, and Prevention of Conception.

BY L. JACOBI, M.D., NEW YORK.

I.

It is an established proposition that any species of plant or animal life, if allowed to multiply unchecked, would in no very long time overrun the entire surface of the globe. The multiplication of plants and animals takes place in a geometrical ratio. This sounds tame enough, but as soon as we attempt to realize the true meaning of such an increase, the statement becomes highly alarming. Much ingenious computation has been devoted to showing the result to be expected from unchecked reproduction. For example, the eggs of a single codfish, if allowed to mature thru several generations unmolested, would in three or four years fill the oceans with one solid mass. (The curious mathematician who performed this calculation, has left the resulting overflow out of consideration.) A plant yielding one hundred seeds annually, would in ten years produce one hundred quintillions of adult plants. The elephant, of all animals the slowest breeder, would stock the entire world in several thousand years. A single pair of guinea-pigs may produce 1000 in a single year (breeding begins at two months of age).

To bring the marvellous natural process of propagation vividly home to our limited imagination, it may be said that the unhampered reproduction of any species would soon consume the total quantity of matter contained in our solar system!

However, all these interesting calculations are made in the subjunctive mood. In reality, no unmolested propagation ever takes place long enough to reach such proportions. Speaking of the codfish, we have no evidence of any marked numerical increase, their number probably remaining near a certain average thru many generations. This means that only a small minority of the innumerable codfish eggs attain maturity, the vast remainder going to waste. The apparent extravagance of nature is nowhere more strikingly exemplified. Yet the extravagance is only apparent. Millions of eggs are necessary in order that a few may develop into new individuals, for codfish-eggs have to run the gauntlet of infinite dangers from other creatures and from physical conditions. Vast numbers are doomed to destruction, a mere lucky handful emerging victorious from this so-called "struggle for existence". These few represent the "survival of the fittest", as the process has been aptly named by Herbert Spencer, a term now generally accepted.

In the words of John Fiske, "there is an unceasing struggle

for life—a competition for the means of subsistence—going on among all plants and animals. In this struggle by far the greater number succumb without leaving offspring, but a few favored ones in each generation survive and propagate to their offspring the qualities by virtue of which they have survived.” (Cosmic Philosophy, Vol. II, Ch. X.)

And again: “Battles far more deadly than those of Gettysburg or Gravelotte have been incessantly waged on every square mile of the earth’s life-bearing surface, since life first began. *It is only thus that the enormous increase of each species has been kept within bounds.*”

The human race is also subject to the same law of multiplication. Populations have been known to become doubled in 25 years, and, according to Euler’s calculations, this result may be achieved under favorable conditions in half that period.

We may safely accept it as an axiom, that the multiplication of mankind is capable of rapidly outstripping the means of subsistence. According to Rev. Malthus, the famous author of the epoch-making “Essay on the Principle of Population”, published in England in 1798, the means of subsistence increase in an arithmetical progression, while population grows in a geometrical progression, the latter quickly leaving the former far behind. Whether things can be reduced to such exact mathematical formulas or not, the essential truth inherent in the proposition of Rev. Malthus must be acknowledged as beyond the reach of doubt. And until the time arrives when man will be capable of utilizing the latent powers of his planet to an extent now undreamed, he must again and again be brought face to face with the problem of keeping population within the limits of sustenance derived by human labor from Mother Earth.

This tendency of population to tread on the heels of production has from the earliest times been the immediate cause of progress. “It produced”, says Spencer in his Principles of Biology, “the original diffusion of the race. It compelled men to abandon predatory habits and take to agriculture. It led to the clearing of the earth’s surface. It forced men into the social state; made social organization inevitable; and has developed the social sentiments. It has stimulated to progressive improvement in production, and to increased skill and intelligence. It is daily thrusting us into closer contact and more mutually-dependent relationships. And after having caused, as it ultimately must, the due peopling of the globe, and the raising of its habitable parts into the highest state of culture—after having perfected all processes for the satisfaction of human wants—after having, at the same time, developed the intellect into competence for its work, and the feelings into fitness for social life—after having done all this, the pressure of population must gradually approach to an end—an end, however, which it cannot absolutely reach.”

While thus recognizing the beneficent role played by pressure of population in the evolution of mankind, we must not

underestimate those forces which have always tended to antagonize the dangers of excessive propagation. It is not the latter alone that we have to credit with the blessings of civilization. Pressure of population alone, without the counter-pressure of antagonistic forces, would have produced no progress. Both were requisite to maintain a balance. Let us now dwell briefly on these checks to excessive multiplication.

In the past, pressure of population has ever been reduced and moderated by the wholesale destruction of human life in wars, epidemics, and periodical famines. Ravages by the larger beasts of prey have also contributed a small share (tigers in India, etc.).

Pestilential diseases, especially such as plague and small-pox, have repeatedly devastated the earth's population, and this far more thoroly and generally than any war. The death-dealing powers of Nature leave the enmity between man and man far behind. The great epidemic of "Black Death", which swept over Europe in the 14th century, carried off 25,000,000 lives, amounting to one-quarter of the entire European population. During the Great Plague of London in the 17th century, 70,000 died. In America, as late as 1839, whole tribes of Indians have been wiped out by small-pox.

With the gradual elimination of wars and epidemics, and with the steady improvement in hygienic conditions, the pressure of overpopulation has shown a corresponding increase. Says a recent writer (Scott Nearing): "A continuance of the rate of increase in population which prevailed in the early 19th century would have resulted, in the near future of the Western World, in an overpopulation problem as serious as that now confronting China or India."

However, such a rate of increase has not continued, and to understand the reason we must turn our attention to a check on overpopulation not mentioned as yet, tho it is, perhaps, the most important of them all, according to high authority (Charles Darwin). This check, peculiar to man, supersedes the blind cosmic forces more and more as the human race advances. *It is the conscious effort to keep the number of newly born individuals within tolerable limits.*

The earliest expedient resorted to by primitive peoples has been, naturally enough, the killing of infants at birth or shortly after. We find this method of infanticide still prevailing in many parts of the globe (it is common in Australia), and it may be safely inferred to have been very widely diffused in the past.

Infanticide is employed not only as a convenient means of regulating the growth of population, but serves also to determine its quality, for usually the weakest infants are put to death. Males being a more valuable asset in primitive society, it is ordinarily the females who are sacrificed. The custom of infanticide was at one time almost universal, and represents the earliest conscious effort at dealing a blow to a perilous rate of multiplication.

"The murder of infants," remarks Darwin in his *Descent of Man*, "has prevailed on the largest scale thruout the world and has met with no reproach." And again: "Barbarians find it difficult to support themselves and their children, and it is a simple plan to kill their infants." M'Lennan in his *Primitive Marriage*, also inclines to the view that these practices originated in the impossibility of supporting all the infants that are born.

True, some competent observers have attributed the fearfully common practice of infanticide partly to female vanity, the women wishing to avoid lactation in order to preserve their good figure, but this additional motive may be dismissed as negligible.

For the sake of completeness, other conscious checks to overpopulation may be fitly mentioned, for instance, licentiousness, encouraged here and there in the hope of keeping down the rate of increase. The same applies to homosexuality, occasionally sanctioned by various peoples for the purpose of retarding multiplication. Prostitution, also, has been credited by some authorities with a regulative function of this nature. Thus, G. de Molinari (*La Viriculture*) believes that prostitution has acted beneficially by neutralizing the excesses of the sexual impulse, indirectly suppressing the necessity of infanticide, and finally leading to the prohibition of that method.

In a very different way, prostitution has within recent years suppressed infanticide. We are told, namely, that in a certain Chinese province it was customary for poor parents to kill some or all of the girls born to them, for they were too heavy a burden and brought no compensation.

Lately, however, the development of steamship lines along the coast has brought vice and prostitution along with it, and the Chinese girls can be sold profitably into brothels. Hence the killing of female infants has been abandoned in that province.

While it may be admitted that prostitution and other minor factors have not been without some influence on the custom of murdering infants, yet this influence has never been general or far-reaching enough to abolish infanticide. Quite another factor came into action before that institution was supplanted, as we shall presently see.

II.

How long infanticide continued to be practised, before it dawned on the primitive mind that it could be avoided by extinguishing the infant's life while yet in the mother's womb, is a matter of vague conjecture. Sooner or later, however, the discovery was inevitable, and henceforth artificial abortion may be assumed to have replaced gradually the custom of infanticide.

At first abortion was probably resorted to only during the later stages of pregnancy, when the expanding body of the mother betrayed her condition even to the unobservant eye. The initial stages are not likely to be recognized by the savage, since intercourse begins early in both sexes, and pregnancy often supervenes before menstruation has appeared, while later a new im-

pregnation may easily occur, and thus the menstrual flow repeatedly anticipated and kept in abeyance. When at last primitive man had learned to recognize early pregnancy, efforts were probably made to interrupt it.

The substitution of abortion for infanticide must be considered chronologically and ethically a step in advance. The motives prompting abortion are in general identical with the causes of infant-murder. The deterring factors, such as maternal love, or aversion to taking life, which may have induced an occasional mother to spare her child when infanticide was the custom, must have lost their influence with the advent of abortion. The latter could be invoked without any such scruples and was no doubt a welcome substitute for murder.

The extensive practice of artificial abortion among the uncivilized and the semi-civilized races ought to be a matter of astonishment to those who blame civilization for all human ills, and look backward upon "the state of nature" as a paradise lost. The number of primitive peoples resorting to artificial abortion is verily legion.

Wherever it is employed, we usually find infanticide entirely abandoned, and this confirms the conjecture indulged in above. Some peoples distinctly specify that abortion is permissible, while infanticide is punishable as murder. In fact, the majority of lower races look leniently on artificial abortion, and even certain civilized peoples sanction the practice. The Turks, for example, allow it up to the fifth month of pregnancy, as they consider the fetus lifeless until that time.

It is interesting to take notice of the methods employed by primitive races to procure abortion. Probably the oldest and most obvious procedure consists in violent measures directed against the abdomen of the pregnant woman. The "patient" lies down, and the wise old woman or the medicine-man kneels on the prostrate body, executes a dance on her stomach, kicks her, and maltreats her generally in various more or less ingenious ways, until certain symptoms make their appearance and testify to the success of the "operation".

With advancing knowledge of human anatomy and physiology, these crude measures become abandoned in favor of procedures directed against the fetus or the organs concerned with gestation. Special implements are designed for the purpose of puncturing the fetal membranes or dilating the *os uteri*, and these primitive inventions often show a high degree of ingenuity, besides bearing witness to a remarkable knowledge of local anatomy.

Medicinal remedies, too, have been very extensively administered for the purpose of producing abortion. These medicines were usually derived from vegetable sources, tho occasionally great specific virtues were ascribed to certain disgusting substances of animal origin.

Making the necessary allowances for changes due to better

knowledge of drugs and improved technique in manufacturing instruments, it must be confessed that in principle the crude efforts of lower races are not very different from the methods now in vogue among civilized peoples.

Of the latter it must be stated that abortion is universally practised on a very extensive scale, and this condition of affairs dates back to ancient times. In Greece, Plato and Aristotle approved of artificial abortion, recommending its employment as early as possible. In Rome, abortion was very commonly procured, but the patriarchal law of the early Romans vested the right to produce abortion not in the mother, but in the father.

Abortion was unqualifiedly condemned only by the Christian Church, owing to certain theoretical notions, as Ellis says. Various penalties were gradually introduced, culminating in the declaration that artificial abortion is equivalent to murder. All these penalties and threats and exhortations have failed signally to hold the practice in check. "Abortion," says Havelock Ellis, "is exceedingly common in all civilized countries."

Nay, more than that, in recent years a strong movement in support of the right to perform abortion has sprung up.

This movement appears to have originated in Italy, where Balestrini had published a learned and suggestive book on the subject, now recognized as a work of authority. His broad and humane ideas were received very warmly, especially by members of the legal profession, who rallied to his support.

Some years later a remarkable novel, called *Le Droit d'Avortement*, appeared in France. The author, Dr. Jean Darricarrère, advocated the thesis that a woman has the inalienable right to abortion.

In Russia, a similar view is presented by Artsibasheff in his now famous sensational novel *Sanin*. The protagonist cynically ridicules those who take abortion seriously. He considers the interruption of early pregnancy a matter of slight consequence, a mere interference with a "chemical reaction".

But it was in Germany that the new movement found its strongest advocates. Here a number of distinguished women have openly come forward in support of a prospective mother's right to abortion.

Countess Gisela Streitberg was the pioneer, with her book: *Das Recht zur Beseitigung Keimenden Lebens*. She was followed by several capable feminine disciples, and soon a number of eminent lawyers joined the women in their fight against the legal restrictions placed upon abortion.

They argue that no laws are needed to protect the unborn child, since the natural maternal instincts are quite adequate, and will not be disobeyed in the absence of powerful and reasonable motives. When, however, such motives are present, no one has the right to force motherhood upon the unwilling woman.

That these ideas have not fallen upon unheeding ears, may be gathered from a resolution passed at the Woman's Congress

in 1905, demanding that abortion should be declared punishable only when brought about by another person against the will of the pregnant woman.

"Alike on the side of practice and of theory," says Havelock Ellis, "a great change has taken place during recent years in the attitude towards abortion." There is even a noticeable tendency to shift all blame from the woman to her environment, and to look upon her not as an offender, but a victim of prejudice and circumstance.

[The author could have mentioned a number of other publications which indicate a radical change of attitude towards the question of abortion. In *belles lettres* the most important contribution is Brieux' famous play "Maternity"; this play, by the greatest living French dramatist, ought to be read by everybody. In Germany quite some literature has sprung up demanding a certain latitude for the pregnant woman in her decision as to whether or not she is willing to carry the fetus to full term. Among them we might mention *Das Keimende Leben* by Herbert Eulenberg which in the form of a lawyer's plea defending an accused woman abortionist, demands mercy for the accused on account of social and economic reasons.

In the September issue of the CRITIC AND GUIDE we referred to a memorial by a Berlin physician to the Penal Code Commission suggesting that every woman who has already had three children or any single girl who has been seduced or raped should have perfect legal right to have abortion induced on herself. But the most important contribution to the subject that has come to my notice is a work in two volumes by Dr. Eduard Ritter von Liszt, Royal Imperial District Judge in Vienna, entitled *Die Kriminelle Fruchtabtreibung*. This is a work which discusses the subject in a calm, dispassionate, legal manner, and is worthy the careful attention of every earnest student of the subject. Editor.]

[During proof reading. And only to-day, I came across an article by Professor Jos. Kocks of Bonn, which for boldness and uncompromising language excels anything I have read in this line. The author demands the *unrestricted* right for every woman to produce abortion on herself whenever she pleases. I will refer more fully to Prof. Kocks' paper, (for which of course he has already been viciously attacked) in an early issue of the CRITIC AND GUIDE. Editor.]

Admitting all these arguments, and giving due consideration to the exigencies of individual cases, we must, nevertheless, refuse to accept artificial abortion as a solution of the problem. Even where its employment may be condoned, it is a necessary evil at best, by no means an adequate and ethically sound remedy for overpopulation or for unwelcome pregnancy.

For abortion, while indubitably more humane than infanticide, is fraught with grave consequences to the woman. Entirely omitting the anxious question as to its status in regard to the

unborn creature, and confining ourselves to cold utilitarian considerations, we cannot close our eyes to the misery, the suffering, the untimely deaths which so often follow in the wake of artificial abortion. Where life is not immediately forfeited, permanent disability frequently results. In many instances, serious operations are subsequently necessary, and not a few lives, spared at first, are snuffed out later as a direct penalty for violating nature's laws.

The waste of energy and the distress inflicted upon the woman herself and upon her family, not to mention the economic losses which weigh heavily on the less fortunate, are in themselves arguments against abortion, more powerful and eloquent than any rhetoric.

It would be sad indeed, were the human race condemned forever to invoke the aid of this gory expedient in its struggle against excessive multiplication. Fortunately, however, the outlook is not so bleak. There is another resource, certain to become widely diffused, and destined to supplant artificial abortion, even as abortion suppressed infanticide.

III.

It may be conjectured that interruption of pregnancy during the later months was gradually abandoned in favor of earlier interruption, and the steadily receding time of interference must have finally suggested a desire to avert pregnancy altogether. Presently some means was devised to accomplish this purpose, and humanity witnessed the origin of a new departure in dealing with the ubiquitous problem of overpopulation. For a long time preventive attempts must have been tentative and sporadic, the older expedient of abortion continuing to exist side by side with the new method, and slowly yielding ground to its encroachments. It is only in comparatively recent times that we find abortion rapidly receding before measures employed to prevent conception in cases where pregnancy is unwelcome.

This *prophylaxis of conception*, as I prefer to call it (meaning in Greek: guarding against or warding off), was known and occasionally employed in antiquity, as may be gathered from a familiar passage in Genesis (XXXVIII): And Judah said unto Onan, Go in unto thy brother's wife, and marry her, and raise up seed to thy brother. And Onan knew that the seed should not be his; and it came to pass, when he went in unto his brother's wife, that he spilled *it* on the ground, lest that he should give seed to his brother." In modern terms, Onan sought to guard against conception by practising *coitus interruptus*. Erroneously, however, his name has become associated with masturbation ("onanism").

The ancient Greeks, too, had remedies called Atokia, which prevented (or were supposed to prevent) conception, and were distinguished from Phthoria, or remedies producing abortion. In early Roman days, Soranus, the greatest obstetrician of an-

tiquity, advocated prevention of conception as a substitute for abortion, with the dangers of which he was familiar.

Nevertheless, it is only in modern times that prophylaxis of conception has come to be widely employed, and this movement for the control of procreation may be said to date from Malthus' famous Essay on Population (1798). In this book, as we have already indicated, the author assumes that propagation of the human race takes place in a geometrical progression, while the means of subsistence can be augmented much more slowly, corresponding to an arithmetical progression. As a result, starvation is ever threatening mankind, and can be averted only by a judicious control of propagation. Malthus was a clergyman, and the remedy he proposed consisted in "self-control", that is, he counselled judicious abstinence from sexual intercourse as the best preventive measure. He believed that the power of self-control increased *pari passu* with civilization, and would enable people to refrain altogether from marital pleasures when such restraint was demanded in the interest of the race.

Without denying these assertions some semblance of truth, we are compelled to say that the Reverend Malthus failed signally in his estimate of the influence wielded by the reproductive instinct. He reckoned without his host, and suggested a cure which was worse than the disease. His naively-sincere attitude brought him an abundance of undeserved ridicule, and his book is nowadays mentioned with an indulgent smile.

He had not lived and labored in vain, however. His ideas were adopted by several followers, who recognized the truth inherent in his statements, while they cast about for more practicable preventive measures than mere self-control.

The pioneer in advocating these so-called Neo-malthusian methods was James Mill, the father of John Stuart Mill. He aired his views very cautiously in an article written in 1818 for the Encyclopedia Britannica. Four years later, his friend Francis Place, wrote as follows on the subject: "If it were once clearly understood that it was not disreputable for married persons to avail themselves of such precautionary means as would, without being injurious to health, or destructive of female delicacy, prevent conception, a sufficient check might at once be given to the increase of population beyond the means of subsistence. The course recommended will, I am freely persuaded, at some period be pursued by the people even if left to themselves."

These prophetic words were realized in another half-century, and now prevention of conception is affecting the birth-rate of all civilized countries. There are societies and periodicals in all civilized languages, devoted to the propagation of Neo-malthusian principles.

"It is no longer permissible," says Havelock Ellis, "to discuss the validity of the control of procreation, for it is an accomplished fact and has become a part of our modern morality".

The same view is taken by Sidney Webb (Pop. Science

Monthly, 1906, p. 526): "If a course of conduct is habitually and deliberately pursued by vast multitudes of otherwise well-conducted people, forming probably a majority of the whole educated class of the nation, we must assume that it does not conflict with their actual code of morality".

This widespread resort to prophylaxis of conception finds its expression in the decline of the birth-rate, and eminent authorities can be quoted to show that this decline must be attributed to *voluntary intervention*.

Says Scott Nearing, in a paper on Race Suicide vs. Overpopulation (1911): "Any *conscious* restriction in the birth-rate is popularly referred to as race-suicide. It is in this sense that Roosevelt employed the term. The prevalence of a conscious restriction in the birth-rate on the part of the vast majority of American families has been established beyond question. Until 1850 any great increase in population was prevented by a high death rate. In the succeeding century, as a result of science and sanitation, the death rate was gradually reduced, and an overwhelming increase in population was prevented in only one way—by decreasing the birth-rate. The decline in the birth-rate therefore saved the modern civilized world from overpopulation and economic disaster. An equilibrium of population has been re-established thru the saving grace of the decrease in the birth-rate, commonly called "race suicide".

Prof. H. W. Conn likewise considers the diminishing birth-rate *voluntary*: "My own belief is that this is the greatest factor in the diminishing size of families. Indeed, I should rather be inclined to believe that if this factor could be removed, we should find the race practically as fertile as in previous generations".

According to Dr. John S. Billings (Forum, 1893), one of the chief causes of the diminishing birth-rate is the "diffusion of information with regard to the subject of generation by means of popular and school treatises on physiology and hygiene, which diffusion began between 30 and 40 years ago. Girls of 20 years of age at the present day know much more about anatomy and physiology than did their grandmothers at the same age, and the married women are much better informed as to the means by which the number of children may be limited than were those of 30 years ago".

Prof. Chas. F. Emerick, after a study of this subject, sums up as follows: "Our conclusion is that the diminishing birth-rate is primarily volitional, and that the various factors which make for involuntary sterility are of minor importance". And he rightly adds that "the weight of well-defined opinion supports the view that the decline of the birth rate is volitional".

In his Essentials of Economic Theory, Clark says: "There are measures not here to be named in detail, which keep down the number of births. By strength and also by weakness, by virtue and also by vice, is the economic mandate which limits the rate of growth of population carried out".

These opinions may be accepted as conclusive evidence of the frequency and universality with which prophylaxis of conception is practised by modern civilized peoples. If additional proof is demanded, it may be found in the attitude of the Church towards this practice. "The Church," says Ellis, "always alive to sexual questions, has realized the importance of the modern movement and has adapted herself to it, by proclaiming to her more ignorant children that incomplete intercourse is a deadly sin, while refraining from making inquiries into this matter among her more educated members". He concludes that "the adoption of preventive methods of conception follows progress and civilization, and the general practice of such methods, by Catholics and non-Catholics, is merely a matter of time".

Passing over this familiar reactionary attitude of the Christian Church, let us inquire how the modern movement is viewed by philanthropists, sociologists, physicians, and thinking people generally. Here are a few representative voices.

Prof. Edward A. Ross pleads for education along the lines of birth-restriction: "Education is what is needed—education directed against the old idea that it is the woman's duty to bring as many children into the world as possible in the belief that God will look after these children when they are brought here. Neither do I believe in the restriction of marriage save in the case of physical or mental defectives. Marriage is the normal state for all, whether poor or rich. But marriage, with poverty as a condition, should necessarily restrict the number of children.

What I stand for is the national need for a more perfect knowledge of parental responsibility among all classes of our people".

Dr. William J. Robinson writes emphatically as follows: "There is no single measure that would so positively, so immediately contribute towards the happiness and progress of the human race as teaching the people the proper means of prevention of conception. This has been my sincerest and deepest conviction since I have learned to think rationally. It is the sincere and deep conviction of thousands of others, but they are too cowardly to express it in public".

Another physician, Dr. William L. Holt, says: "Conscious and limited procreation is dictated by love and intelligence; it improves the race. Unconscious, irresponsible procreation produces domestic misery and half-starved children".

The opinion of women themselves on this subject is naturally very valuable: Here is what Mrs. Helen La Reine Baker has written: "There are already too many children in the world. What we want now is quality and not quantity. Parents should be taught the responsibility of bringing children into the world. When the birth-rate will decrease, we shall have a better and stronger race".

H. G. Wells, the brilliant English writer, is not alarmed by the continued fall in the birth-rate in America and in Europe.

He pleads for "more temperate and better controlled procreation."

These quotations could be multiplied indefinitely. Let one more reference suffice. Thruout Herbert Spencer's works there are scattered pithy expressions of his views on our subject. A few extracts may fitly conclude our survey of authoritative opinion.

Speaking, in the *Principles of Biology*, of human population in the Future, he says: "In proportion as the emotional nature becomes more evolved, and there grows up a higher sense of parental responsibility, the begetting of children that cannot be properly reared will be universally held intolerable".

And again, in the *Principles of Ethics*: "If, however, improvident marriages are to be reprobated—if to bring children into the world when there will probably be no means of maintaining any, is a course calling for condemnation; then there must be condemnation for those who bring many children into the world when they have means of properly rearing only a few. Improvidence after marriage cannot be considered right, if improvidence before marriage is considered wrong".

Elsewhere in the same work we read: "While the rate of multiplication continues so to exceed the rate of mortality as to cause pressure on the means of subsistence, there must continue to result much unhappiness; either from balked affections or from overwork and stinted means. Only as fast as fertility diminishes, which we have seen it must do along with further mental development, can there go on such diminution of the labors required for efficiently supporting self and family, that they will not constitute a displeasurable tax on the energies". In the meantime, while waiting for the adequate decrease of fertility to take place naturally, Spencer is in favor of prevention of conception, as will be evident from the following parenthetical phrase from a sentence occurring in his *Ethics*: "When the pressure of population has been rendered small—*proximately by prudential restraints*, and ultimately by decrease of fertility," etc.

In the *Principles of Ethics* there is also this passage: "While the struggle for existence among men has to be carried on with an intensity like that which now exists, the quantity of suffering to be borne by the majority must remain great. This struggle for existence must continue to be thus intense so long as the rate of multiplication continues greatly in excess of the rate of mortality. Only in proportion as the production of new individuals ceases to go on so greatly in excess of the disappearance of individuals by death, can there be a diminution of the pressure upon the means of subsistence, and a diminution of the strain and the accompanying pains that arise more or less to all, and in a greater degree to the inferior".

In his last book, "Facts and Comments," written, as he tells us in his letters, at the rate of ten lines per day, he says emphatically (Chapter "Some Regrets"): "I detest that conception of social progress which presents as its aim, increase of population,

growth of wealth, spread of commerce. In the politico-economic ideal of human existence there is contemplated quantity only and not quality. Instead of an immense amount of life of low type I would far sooner see half the amount of life of a high type. . . Increase in the swarms of people whose existence is subordinated to material development is rather to be lamented than be rejoiced over”.

IV.

It is evident that prevention of conception is not a remedy for overpopulation only, but a powerful factor in improving the quality of the race. We may here appropriately consider the various groups of cases in which conception is best avoided.

The least objectionable are the strictly medical indications. There are many pathological conditions in which pregnancy and childbirth are equivalent to serious impairment and shortening of life, or even to death. There is no room for difference of opinion when a woman is afflicted with advanced tuberculosis, organic heart-disease, grave changes in the kidneys, etc. Here the law permits even the use of artificial abortion when pregnancy has supervened, and no one will hesitate to advise the patient to avoid becoming pregnant altogether. We have no right to demand the sacrifice of the mother's life for the sake of the progeny. Here prophylaxis of conception is undertaken in the interest of the woman.

A different indication is furnished by those diseases or hereditary defects of the parents which are likely to be transmitted to their offspring. Syphilis, insanity, degeneracy, and grave moral taints belong to the group. Here it is clearly a service to the race to desist from propagating imbeciles, lunatics and criminals. This might be called the eugenic indication for prophylaxis of conception, and the law, again, has recognized it. In some States there is a legal provision demanding the sterilization of confirmed or habitual criminals. Prevention of propagation is thus assured from the outset.

After the medical and the eugenic indications, comes the economic one. This usually meets with opposition from certain quarters, yet no valid argument can be presented against it. It benefits the parents, it is decidedly beneficial to society, and it is even merciful toward the unborn and unconceived creature, which is frequently saved from a life of misery. If we have no right to demand a sacrifice of the mother for the sake of the child, neither have we the right to demand sacrifices which, tho stopping short of being immediately fatal, nevertheless shorten and cripple the woman's life.

Finally, there are numerous and varied cases, when a woman, having conceived, will seek to interrupt pregnancy at any price. Obviously, here, if anywhere, prevention is preferable to “cure”.

Such are the principal cases and conditions calling for prophylaxis of conception, and when this method of dealing with them becomes generally adopted, then will commence the period of

seven lean years for all those who now thrive by interrupting undesirable pregnancy. Who will deny that much unhappiness and misery will thus be averted, and that society will gain incalculably in consequence?

Finally, prophylaxis of conception cannot fail to exert an indirect influence on our current sex morality. By conferring upon the woman immunity from the most dreaded sequel of illicit indulgence, it will undoubtedly tend to equalize the conduct of both sexes when confronted by temptation, and by generally facilitating marriage, it is bound to contribute toward the establishment of more hygienic sex relations, which, again, must redound to the benefit of society at large.

Some Reflections Anent the Papers Read at the Recent Congress of Hygiene and Demography.

BY PHILIP EMBURY, M.D.

There was recently held in Washington an International Congress of Hygiene and Demography, the largest and most important of its kind ever held, in which eminent men and women read papers on all manner of subjects concerning the good of the human race.

The Social Evil has naturally occupied a prominent place in its deliberations and this is proper as no subject handled by the congress begins to equal it in importance.

The papers read are, all of them, along the old familiar lines. Each begins with statistics showing the extent and growth of the evil and then goes on to show how each and every plan devised so far for its betterment has been more or less of a failure. Then the writer passes on to his own views and opinions which he states at length and then follows a discussion in which one member after another stands up and says what he or she thinks is the best thing to be done.

From the newspaper accounts of the congress I gather that they all agree pretty well upon the following points, namely:

That the Social Evil is probably the greatest menace which threatens the human race to-day. That within the short time it has been studied by qualified observers it has been found to be much greater and more extensive than was ever dreamed of. That in spite of the fight made against it for six or seven hundred years it has steadily and continuously become worse.

It also appears to be unanimously accepted by the congress, (1) That sexual desire on the part of an unmarried man is inherently immoral, vicious and criminal. (2) That any and every man can, if he chooses, refrain from sexual intercourse and, if he does indulge, it is done as the result of a deliberate choice on his part to become a bad man; comparable to the turpitude shown in the planning and execution of a highway robbery. (3) That every woman is devoid of sexual desire and that she never would experience this were it not for the animal passions of some man. (4) That women never take up prostitution unless,

either driven to it by poverty, or as a result of seduction followed by discovery of pregnancy and abandonment by her family and her "lover".

These hypotheses are, each and every one of them, false and there is no use trying to make any intelligent man, much less a physician, believe them, because he simply *knows* better. So, for that matter, do the writers of the papers, but they probably believe that such statements may tend to do good. But they do not ring true.

Before any problem can approach solution its terms must first be stated fully and in unequivocal form. Before rational treatment can be instituted in a given case, a sound diagnosis must first be made. Without this the expectation of success is remote indeed.

In the case of the Social Evil the time for treatment has not yet arrived. The diagnosis has only just begun and nobody seems to have any clear ideas as to what the problem consists of or what its scope is.

Before suggestions for treatment are in order, some authority, preferably a person combining the qualifications of a physician as well as a sociologist must present a paper in which positive and definite information is given upon certain points regardless of every consideration but the observed and studied facts.

We need to have convincing and conclusive answers to questions like the following, answers which have been formulated only after investigation as exhaustive as circumstances permit, and in the spirit of honest desire to bring out the *truth* whether it corresponds with our preconceived ideas or not.

Is man entirely responsible, or not, for prostitution and its allied evils? The assumption has always been that he is. Is he?

How great a part does sexuality take in the physical and mental make up of the average American man in the year of our Lord 1912?

What factors enter into the formation of sexual desire in the human male?

How are they influenced by

The mere presence of the internal and external testicular secretions?

The special senses?

Education, occupation and general hygienic conditions?

Is, or is not, sexual desire, on the part of an unmarried man, vicious?

What physiological difference, if any, is there between a married and an unmarried man?

250 W. 70th Street.

THERAPEUTIC GUIDE

Abstracts on Therapeutic Subjects, Interspersed with Diagnostic
Points and Interesting Medical and
Historical Facts.

Sparteine an Ideal Heart Tonic.

Sparteine is a true and reliable heart tonic, an excellent nonirritating diuretic, and is entirely free from objectionable side-effects. It lessens the frequency and at the same time increases the force of the heart action, but does not raise blood pressure. This is made possible by the fact that it is also a vasodilator, and by this phase of its action it dilates the arterial capillaries to such a degree as to enable the arterial system to receive and accommodate the increased volume of blood propelled by the more vigorous action of the heart without increasing the arterial tension.

Sparteine, further, adds tone to the heart-muscle and so causes it to propel a larger volume of blood at each impulse, while by its vasodilator action it opens up the way for the passage of this increased volume of blood, thus increasing the propelling force and lessening resistance. This makes sparteine the ideal heart tonic, and, in the author's experience, it is the only remedy (single or combined) which meets this indication perfectly.—G. E. PERTEY, in *American Journal of Surgery*.

[Yes, but it should not be given in the ridiculously small doses of 1/30 or even 1/12 grain. To produce effect it must be given in doses of 1 to 3 grains several times a day. W. J. R.]

Poisoning by Scarlet Red Ointment.

Dr. H. H. M. Lyle reports (*Med. Rec.* Nov. 16) the case of a woman of 50 who was admitted to St. Luke's Hospital, suffering from extensive burns of the anterior chest, both forearms, and wrists. The burns were caused by exploding benzine, and were treated by the dry method until the sloughs separated. A scarlet red ointment (8 per cent. scarlet red in U. S. P. boric acid ointment) was applied to a small portion of the granulated edges. As the wound reacted kindly the area of application was extended. On the sixteenth day of the employment of the scarlet red ointment the patient complained of headache, dizziness, and general faintness. The following morning she was seized with severe cramp-like pains in the epigastrium, was intensely nauseated, and vomited violently. The pain was accompanied by tenderness in the upper right quadrant of the abdomen, the maximum point being in the region of the pylorus; the temperature rose to 102°; the pulse to 120; the blood count showed a slight leucocytosis; urination was frequent and painful, the urine showing albuminuria but no casts. Despite gastric sedatives and lavage the nausea and vomiting persisted for ten

hours. After the discontinuance of the scarlet red and the employment of repeated stomach and colonic washes the symptoms gradually subsided.

One week later the scarlet red was again applied to a small area, and gradually increased until two-thirds of the circumference was covered. The same toxic symptoms appeared, but of a milder degree, and again disappeared on the withdrawal of the scarlet red. After a second interval of rest the scarlet ointment was applied in a 4 per cent. strength; no further toxic symptoms developed. Thruout the treatment there were no signs of local wound irritation. Four months after admission to the hospital the patient was discharged cured.

Schmieden, commenting on a similar case of poisoning in a child reported by Gurski, emphasized the fact that scarlet red should not be used in fresh wounds, and in large granulating wounds only a thin layer of the ointment should be painted on the edges.

Hexal.

Hexal is chemically a combination of Hexamethylentetramin with sulpho-salicylic acid. It is in the form of white crystals readily soluble in water. The solution is weakly acid, and has a somewhat sour taste. It is given in doses of two to three grms (30 to 45 grains) a day, and it is claimed that even its continuous administration for a period of two or three weeks produces no unpleasant by-effects. Hexal is readily eliminated because one hour after its administration its constituents can be identified in the urine. Nor has it any cumulative effects, for within forty-eight hours after its administration no traces of it could be discovered in the urine. It is recommended as an excellent urinary antiseptic in inflammations of the bladder, renal pelvis, etc. Its advantages over hexamethylentetramin are claimed to be: Greater bactericidal action and a distinct analgesic effect.

Simple Method of Dry Cupping.

Dr. H. B. Bryan (*N. Y. Med. Jour.*, Nov. 9) recommends the following simple method of dry cupping:

Cut off an inch of a paraffin candle, light it, catch some of the melting paraffin on the centre of a fifty cent piece, stick base of candle in it, place them over the spot to be cupped, then clap an ordinary glass over the whole, holding it down firmly, and observe a generous blood tumor. This is simple, clean and safe; no need of cotton, alcohol, or regular cupping glass.

The Relation Between the Nose and the Sexual System.

When the first report appeared in medical literature of the probable direct connection between certain areas in the nose and the sexual system, the idea was received with skepticism. Now this relationship is a well established fact, accepted by everybody. In a recent issue of the *Berliner Klin. Wochensch.* (Sept. 30th) Drs. Koblanck and Roeder report their experimental findings of this relationship. The destruction of the

so-called genital points in the noses of the animals had no influence on their general development. They grew as well as the control animals. But on killing the animals their genital organs were found in a practically rudimentary condition. During life they were sexually indifferent, while the untreated animals had two litters.

It is assumed that there is an intimate connection between the nose and the hypophysis, and the destruction of the genital areas in the nose probably destroys a nervous stimulus, the absence of which is the cause of the non-development of the sexual organs.

Thyroid Extract in Nephritis.

In the J. A. M. A. for November 9th, Dr. J. F. Perry recommends the use of thyroid extract in nephritis. He reports two cases in which the administration of thyroid proved highly beneficial. He gives it in doses of twenty to thirty grains a day.

Offensive Sweating of the Feet.

Bromidrosis of the feet, if at all pronounced, is sufficient to make a person feel pretty miserable. Haphazard treatment, with the occasional use of foot powders will only be of partial benefit.

The following method (*The Prescriber*), originally introduced by Thin, is simple and invariably successful, but it must be carried out to the letter if it is to effect a permanent cure.

At the commencement of treatment the patient must thoroly wash his feet in ordinary water, using soap and a nail brush if the feet are not too tender. After drying, the feet are to be dusted over with powdered boric acid. He must then put on a pair of socks which have been steeped in a saturated solution of boric acid and dried. In this way they are completely impregnated with the acid. His shoes must be powdered inside with the boric powder before being put on. Some recommend cork soles in addition. Each day the feet are to be steeped twice for ten minutes at a time in a saturated solution of boric acid. After each steeping, a clean pair of socks (prepared as already indicated) is put on.

A permanent cure can in most cases be effected in about a fortnight or three weeks; but to make quite certain it is advisable to treat the feet as above about twice a week for another month.

It is essential that the treatment be thoroly carried out exactly as described. Any laxity or negligence on the part of the patient may lead to failure and he should be so informed.

One point must be kept in mind. Some persons have an idiosyncrasy to boric acid. In some it produces dermatitis, in others great pain locally. Its prolonged use in many produces intolerable itching. All three—dermatitis, pain, itching—may occur together. Should any patient suffering from bromidrosis have this special susceptibility to boric acid, salicylic acid may be substituted.

Dental Affections and Their Relations with the Genital Functions in Women.

M. Jamon states that during menstruation or the days which precede it patients often complain of pain in the teeth and in the gums. These pains are more frequent at puberty, at the establishment of menstruation. The teeth may be absolutely healthy or correctly plugged. The gums are tumefied and sensitive. Gingivitis may appear, with or without local causes, at the time of menstruation. Teeth that are spontaneously sensitive are also sensitive on contact with instruments. Very often the patients complain of an increase of the salivary secretion.

These pains may give rise to very distressing radiations in the ear, and they may be themselves connected with a stomatitis dependent upon menstrual troubles. All these troubles become attenuated or disappear, says the author, under local treatment, such as painting the gums with tincture of iodine and washing the mouth with an emollient, together with proper medication to favor the appearance of menstruation.

The same symptoms are also observed in many women who have not menstruated or who have reached the menopause.

Pilocarpine in Deafness.

There are cases of deafness in which pilocarpine has proved of great value. One such case was reported by Prof. Gorham Bacon (*N. Y. Med. Jour.*, Vol. 66). The case was that of a man of 33 who had had a chronic discharge from both ears since he was 10 years of age, as a result of scarlet fever. His hearing was fairly good until a few months previously when he had typhoid fever. At that time he became so much worse that he could hear nothing. On examination both drumheads were found mostly destroyed, and the ossicles were found bound down by adhesions. He could hear only with the right ear by means of a trumpet. After a number of hypodermic injections of pilocarpine his hearing in both ears improved so much that he was able to secure a position and attend to his work without any difficulty. He can hear a slightly raised voice at a distance of ten feet with the left ear, and fourteen with the right. According to the author the best results of pilocarpine have been obtained in sudden deafness due to syphilis. It should always be given hypodermically in order to obtain the best effects, and the patient should be put to bed for two hours after the injection.

Gastric Pains Due to a Pessary in the Vagina.

Wiktor relates the case of a widow, forty years old, who for four years had suffered with severe gastric pain. On the removal of a pessary of vulcanite, about three inches in diameter, which had been introduced into the vagina thirteen years before, and never been removed, a circumscribed area of vaginal inflammation was disclosed, together with an inflammatory patch on the cervix uteri. After a fortnight of antiseptic treatment of

the genitals the pain in the stomach disappeared entirely. The pessary had not caused any symptoms referred to the genital organs.

One of the Evils of Incomplete Coitus.

Under the name of a cardiac neurosis of sexual origin, Kisch, of Prague, describes a set of symptoms that he has observed in certain nervous young women whose husbands made it a practice to withdraw just before the instant of ejaculation, leaving them overexcited and unsatisfied. The physiologic tachycardia of coitus, he says, becomes particularly intense in such women and assumes the form of very distressing palpitation which at first persists for some time after each incomplete copulation, and after a while occurs during the day, repeatedly and without appreciable cause. For a time this palpitation is the only manifestation of the neurosis, but soon the clinical picture is completed by a feeling of anguish, headache, vertigo, syncope, and general weakness. The women are depressed and irritable; they weep on the slightest occasion and take a gloomy view of life. The appetite is impaired, digestion becomes difficult, and they are constipated. The pulse is small, soft, and accelerated, often intermittent and arrhythmical. The arteries, however, are supple, and auscultation of the heart discloses nothing abnormal. All these symptoms will disappear as by magic when the practice on which they depend is given up.

If you would listen to my advice, you would never treat an epididymitis or an orchitis with applications of cold, or with the ice bag. It is the surest way to close up permanently the vasa deferentia and make the man sterile for life. The proper method is treatment by heat; either by the hot water bag or by thick hot glycerin-clay poultice (of which antiphlogistine is the best representative).

I have actually met a man to-day, who had never heard and had no idea that the inability to have progeny could ever be due to some defect in the man. He was sure it was always the woman's fault. And you could see that he wasn't shamming. He was perfectly sincere. Slowly, slowly does knowledge advance.

Melubrin in Rheumatism.

According to Loening, of Halle, (*Münch. Mediz. Wochens.* 1912, Nos. 9, 10 and 11), Melubrin behaves as a specific in acute articular rheumatism, when given in doses of 15 to 30 grains, three or four times daily. It has no action on the heart and there is no acceleration of pulse. The remedy, he says, can even be given if endocarditis is present. It also gives positive results in chronic articular rheumatism, myositis and sciatica.

A Restricted Materia Medica.

There is a strong movement among some of our pharmacologists to restrict our materia medica to a small number of drugs and chemicals, known to be active and having the approval of the authorities. But we have excellent men in the profession who are opposed to any such restrictions, and their side is well represented by Dr. S. Solis Cohen, who in the discussion following the reading of Dr. Osborne's paper, which advocated restriction, said among other things:

"This question is not so simple as one may deem in looking at it from the purely personal point of view. I have no objection to Yale's restricting itself to twenty drugs, or to Oxford's restricting itself to four, or to Harvard's restricting itself to none; but if the patient happens to be under my care and my judgment tells me that I shall use a remedy which is outside of the twenty or the four that are sacrosanct, or even the nine hundred and forty that are officialized, what is my duty under the circumstances? To bow to some prohibitive restriction imposed in ignorance of the existence of that patient and of the conditions that he presents, perhaps in ignorance of the existence or of the influence of the remedy I propose to use? Maybe so—but I do not see it in that light. My patient is entitled to my knowledge unhampered by orthodox, or even official, ignorance.

Dr. Cohen is always clear, always forceful and always hits the nail on the head. He continued:

"For example, I have had an interesting discussion lately with regard to aspidospermine. This potent drug does not find place in the Pharmacopeia of today; it probably will not find place in the Pharmacopeia of next year or the year after. Aspidospermine, therefore, omitted from the Pharmacopeia to please restrictionists who know nothing whatever about it from personal observation, must not be prescribed by me on account of such omission, altho I should not know how to treat certain cases of asthma without it. I know how asthma is treated without it, of course, but I should not know how I could give my patients the benefit of the knowledge and skill they are entitled to.

"There is no objection to any physician restricting himself to the tools that he knows how to use; but there is every objection to his attempting to restrict some other physician who has other, and perhaps better, tools and methods. The Pharmacopeia should admit every drug that is known to be of advantage in the treatment of the sick, no matter how seldom it is prescribed and no matter how many other drugs there may be which have similar influence. On the other hand, it is true that we can simplify the teaching of materia medica and improve the practice of therapeutics by confining our work in the schools to a certain number of typical drugs, provided, however, that these drugs are to be taught as types and not as exclusives."

Formulas and Prescriptions

Formaldehyde is one of the most efficient applications in various insect bites. While it causes rather severe smarting, it is only temporary and the sting or pain caused by the insect bite rapidly subsides.

Potassium Bichromate in Warts

Potassium bichromate is an efficient remedy against warts. All it is necessary to do is to paint the warts several times a day with a saturated solution of the chemical.

In Barber's Itch.

In obstinate cases of sycosis (barber's itch) we are obliged to use some times mercuric chloride applications. During the day we apply compresses of 1 to 1000 solution of mercuric chloride in diluted alcohol using at night the following ointment:

Resorcin 5 parts
Salicylic acid..... 2 parts
Cold cream.....100 parts

A Powder for Vaginal Injections.

Powdered alum.....1 oz.
Powdered boric acid....1 oz.
Powdered borax.....1 oz.
Hydrastine sulphate....10 grs.
Carbolic acid.....20 drops
Essence of cinnamon, 20 drops

M. For each injection, dissolve a teaspoonful of the powder in a pint of water.

Iodine in Trachoma.

Dr. L. N.—Iodine in the form of an ointment consisting of 1½ to 2 parts of iodine and 100 parts of vaselin has been used with fair success in the treatment of trachoma. It is not superior to other treatments but has the advantage of easy application.

The Treatment of Parasitic Baldness.

I Turpeth mineral ...45 grains
Essence of lemon...20 drops
Vaselin 900 grains
11 Pilocarpine 4 parts
Quinine 4 parts
Precipitated sulphur, 10 parts
Balsam of Peru.....20 parts
Beef marrow.....100 parts
Rub in well into the scalp.

Alkaline wash to prevent decay of teeth.

Decay of the teeth, is largely due to the acid secretions in the mouth. To neutralize this, rinsing and brushing the teeth with an alkaline solution is advisable. The use of milk of magnesia on retiring is a good practice, because it covers the teeth with an alkaline film which neutralizes the acid for hours.

An Ointment in Burns.

Europhen. 1 drm.
Lanolin 10 drms.
Petrolatum 10 drms.

M. To be applied three or four times a day for burns of the first and second degree.

The Treatment of Aphthous Stomatitis.

Borax 4 parts
Tincture of myrrh 8 parts
Glycerin 60 parts

M. Borax 4 parts..
Tincture of benzoin...2 parts
Distilled water.....10 parts
Glycerin 20 parts
M. To apply thoroly to the affected spots.

M. Salicylic acid 2 parts
Alcohol 10 parts
Glycerin 20 parts
Paint thoroly with brush.

In severe cases the following may be given internally, in addition:

Potassium chlorate.....1 part
Distilled water.....90 parts
Syrup of raspberries..10 parts

M. S.: A teaspoonful every two hours.

Methyl Salicylate in the Treatment of Gonorrhoea.

Methyl salicylate.....1 part
Bismuth subnitrate....20 parts..
Liquid vaselin.....100 parts

M. Three injections are to be given daily. The patient should urinate, then take the injection, and hold it in the urethra as long as possible. The injections are not painful.

To Cut Short an Eruption of Herpes.

Resorcin 3 parts
Cocaine 1 or 2 parts
Alcohol 100 parts

M. The cotton should be covered with an impermeable tissue to prevent evaporation.

Absolute Alcohol not a disinfectant.

It is well to remember that absolute alcohol does not possess any disinfecting power whatever. It is only when diluted to a certain extent with water that it exercises its disinfecting power. The best strength is an alcohol of 50 to 75 per cent.

Many cases of gonorrhea in which potassium permanganate seems to have no effect yield very quickly to zinc permanganate.

Tampons in Cancer of the Cervix.

Dr. J. P.—Sodium chlorate was at one time recommended in the treatment of cancer of the cervix, but nobody believes now that it has any effect on that disease. Externally it may be applied to the cervix on tampons. The following formula is a useful one.

Sodium Chlorate.....1 oz.
Bismuth Subnitrate.....1 oz.
Iodoform ½ oz.

To be used on tampons in cancer of the cervix.

An Application for Erysipelas of the Face.

Carbolic Acid 1 part
Tincture of iodine.....1 part
Alcohol 1 part
Oil of Turpentine 2 parts
Glycerin 3 parts

M. Paint the affected area with this liniment every two hours, and then cover the face with aseptic gauze.

Molyform is a preparation of molybdenum, occurring as a fine white powder soluble in water. It is used as an antiseptic in the form of 5 per cent. solution, dusting powder, or ointment. (Med. Klinik, No. 20, 1912).

The Treatment of Sexual Atony in Women.

Extract of cannabis indica, 30 grs.
Extract of nux vomica.....30 grs.
Aqueous extract of aloes.....7 grs.

M. Divide into a hundred pills, of which three are to be taken daily.

A Gargle for Tonsillitis.

Beech creosote.....10 drops
Tincture of myrrh... .2 drams
Glycerin 2 ozs.
Water 4 ozs.

An Ointment for Chapped Hands.

Menthol 10 grs.
Salol 20 grs.
Olive Oil 20 grs.
Lanolin 10 drams.

An Application for Pityriasis Versicolor.

Corrosive sublimate 1 part
Green soap.....80 parts
Oil of lavender.....4 parts
Tincture of lavender..120 parts
M. S.: To be rubbed on the affected part, and a full bath to be taken three days afterward.

Soothing Ointments in various Irritations of the Skin.

℞ Acid. salicylic.....gr. x-xxx
Zinc. oxid.
Ol. lavand. m v.
Ol. olivæ.....3ii.
Adip. lanæ hydr. ad ʒi.
M. ft. pasta.
℞ Calamin.
Zinc. oxid. aa. gr. xxx.
Liq. calcis ʒss.
Mucil. tragac. 3ii.
Olei rosæ mss.
Aquæ ad ʒi.

Scabies

℞ Sulphur sublimat.
Balsam. peruv. aa. ʒi.
Paraff. moll. 3i.
M. ft. unguentum.

Psoriasis

Burnet recommends:—

℞ Acid. chrysophanic....gr. v.
Liq. carbonis deterg....mxv.
Hydrarg. ammon. gr. x...
Adip. benzoat. 3i.
M. ft. ung. Sig.—To be applied night and morning.

Biddle gives the following:—

℞ Acid. salicylic.
Resorcin aa. ʒi.
Aquæ
Spir. vin. rect., aa. partes æq.
ad ʒviii.

Solve. Sig.—Apply to scalp once daily; to nails thrice daily.

JUST A FEW OPINIONS

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Sugar City, Col.

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